

SAJS

News

PATIENT PROCEDURE ACCEPTANCE AND CONSENT FORM

A 'Patients Procedure Acceptance and Consent Form' has been designed by the ASSA.

The form, which is aimed at the protection of surgeons, must be completed before any surgical procedure is carried out, and kept in the patient's file.

The form (copy below) is available on the ASSA website, under the folder 'Consent forms' on the Patients Corner page.

www.surgeons.co.za

SURGICAL SAFETY CHECKLIST REDUCES MORBIDITY AND MORTALITY

Surgery has become an integral part of global health care, with an estimated 234 million operations performed every year. Surgical complications are common and often preventable, but a 19-item surgical safety checklist designed to improve team communication and consistency of care has been shown to reduce complications and deaths associated with surgery.

The checklist, which was based on the WHO Surgical Safety Checklist, was tested by a team of surgeons at eight hospitals in eight cities around the world, representing a variety of economic circumstances and diverse populations of patients. The team was led by Alex B Haynes from the Harvard School of Public Health.

In an article in the *New England Journal of Medicine* (360: 491) the participants reported that the death rate fell from 1.5% to 0.8% after the checklist was introduced. Similarly,

inpatient complications declined from 11% of patients at baseline to 7%.

The checklist identifies three phases of an operation: before the induction of anaesthesia ('sign in'), before the incision of the skin ('time out') and before the patient leaves the operating room ('sign out'). However, the checklist is not intended to be comprehensive, and additions and

modifications to fit local practice are encouraged.

The eight hospitals were in Toronto, Canada; New Delhi, India; Amman, Jordan; Auckland, New Zealand; Manila, Philippines; Ifakara, Tanzania; London, England; and Seattle, WA, USA.

www.who.int

PATIENTS PROCEDURE ACCEPTANCE AND CONSENT FORM
THIS FORM MUST BE COMPLETED PRIOR TO ANY SURGICAL PROCEDURE

I, _____ (Full name of patient/legal guardian), Identity Document or Passport No.: _____ the undersigned, being of major age and of sound mind;

1. I acknowledge that Dr _____ (Name of medical practitioner) has discussed and explained the following to me;

(Patient to tick each applicable box)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	a. The diagnosis of my/the patient's condition;
<input type="checkbox"/>	<input type="checkbox"/>	b. The nature and purpose of the recommended procedure;
<input type="checkbox"/>	<input type="checkbox"/>	c. The usual or material risks, side-effects and complications of such recommended procedure;
<input type="checkbox"/>	<input type="checkbox"/>	d. The alternative forms of treatment available;
<input type="checkbox"/>	<input type="checkbox"/>	e. The usual or material risks, side-effects and complications of such alternative forms of treatment;
<input type="checkbox"/>	<input type="checkbox"/>	f. The nature and likely consequences of not proceeding with the recommended procedure or the described alternatives;
<input type="checkbox"/>	<input type="checkbox"/>	g. The type of anaesthetic to be administered (I understand that a more detailed description of the anaesthetic may be requested by me from the anaesthetist).

2. I further acknowledge that I have been given the opportunity to ask questions regarding the above, that my questions have been answered to my satisfaction.

3. I fully understand the above.

4. I hereby consent to the performance of (Name of procedure) _____ on _____ (Name of patient) and of any other procedure that the surgeon may deem necessary intra-operatively, including the administration of blood products.

Signature of patient/legal guardian

Print name in capitals & capacity

Date: _____
Time: _____