



Informed Consent for Liver Transplant

Patient's Name: _____

I hereby authorize Dr. _____ to perform the following surgery on me:

I understand that residents, medical students, physician assistants and/or advanced practice registered nurses may also be in attendance, and/or assisting in the performance, and/or performing significant medical/surgical tasks within the above specified surgery. In addition, I understand that there may be unforeseen circumstances that are encountered while performing the above listed surgery that require the assistance of other qualified medical personnel who have not been identified.

I have had explained to me in connection with the proposed surgery:

- (i) the nature and purpose of the proposed surgery;
- (ii) the foreseeable risks and consequences of the proposed surgery, including the risk that the proposed surgery may not achieve the desired objective;
- (iii) the alternatives to the proposed surgery and the associated risks and benefits to such alternatives; and
- (iv) the reasonably foreseeable risks and alternatives to the transfusion of blood and blood products should I need a blood transfusion.

I have been informed of the Hartford Hospital Transplant Center's most recent Scientific Registry of Transplant Recipients (SRTR) data, my right to refuse transplant or treatment and the specific risks associated with the organ I am to receive.

Specifically, in obtaining my informed consent to the surgery, I have been informed of the following reasonably foreseeable risks:

- Bowel obstruction or perforation
- Liver organ non-function
- Liver organ poor function
- Bile duct leak or narrowing
- Bleeding
- Possible need for re-transplant and reoperation
- Anesthesia risks
- Need for transfusion of blood products
- Clotting of liver blood vessels
- Blood clot in lungs or legs
- Recurrent disease in new liver
- Death
- Pneumonia
- Heart attack
- Wound infection
- Systemic infection
- Fluid Collection

There is no comprehensive way to screen potential donors for all transmissible diseases and on occasion, infectious agents, donor-associated tumors or genetic diseases may be identified after transplantation.

Patient initials _____



2400

I understand that the liver being offered to me has the following donor characteristic(s):

- Hepatitis C – antibody positive, nucleic acid testing (NAT) positive
- Hepatitis C – antibody positive, NAT negative
- Hepatitis B – core antibody positive
- Public Health Service risk factors present
- Other (Describe): _____

Patient initials _____

I am aware that, in addition to the reasonably foreseeable risks described, there are other foreseeable risks, which have been discussed with me, but are not listed. I affirm that I understand the purpose and potential benefits of the procedure, that no guarantee has been made to me as to the results that may be obtained, and that an offer has been made to me to answer any of my questions about the proposed surgery. All of my questions have been answered to my satisfaction.

I agree to the use of anesthesia and/or sedation/analgesia as required, and if applicable, the disposal of any tissue removed.

I authorize the Hospital and my provider(s) to photograph, record, videotape and/or use any other mediums which result in the documentation of my image for medical, scientific or educational purposes.

This consent may be revoked by me at any time, except to the extent it has already been relied upon.

Patient or Legally Authorized Representative (signature)	Date	Time
Telephone/Verbal Consent obtained from (print full name)	Date	Time
Relationship if not patient	<input type="checkbox"/> Official Interpreter Signature or ID #	
Resident/Fellow/Advanced Practice Provider (APP) Signature	Resident/Fellow/APP (Print full name)	Date
ATTENDING Physician Signature	ATTENDING (print full name)	Date
Witness (Provider or RN) Signature - mandatory for telephone consent	Date	Time