



### Consent for Living Nephrectomy for Organ Donation

I hereby authorize Dr. \_\_\_\_\_ to perform the following surgery: **Living Kidney Donation**, and if applicable I also authorize Dr. \_\_\_\_\_ to act as his/her assistant for the purpose of performing the following significant medical/surgical tasks as part of the surgery:

**Right**    **Left**   **Living Nephrectomy for organ donation**    **open**    **laparoscopic and possible open**

I understand that Physician Assistants, residents and/or medical students may also be in attendance and/or assisting in the performance of 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 reasonably 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 reasonably foreseeable risks and benefits to such alternatives; (iv) the possible need for and the reasonably foreseeable risks of the transfusion of blood and blood products and (v) alternatives to the transfusion of blood and blood products and their reasonably foreseeable risks. Specifically in obtaining my informed consent to the surgery, I have been informed of the following reasonably foreseeable risks:

- Anesthesia risks**    **Pneumonia**    **Blood clot in lungs or legs**    **Heart attack**
- Arrhythmias**    **Cardio-vascular collapse**    **Wound or systemic infection**
- Diaphragm perforation or splenic injury**    **Hernia development**    **Adhesions**
- Technical complications of blood vessels or ureter needing repeat operation**
- Bleeding**    **Fluid collection**    **Pain**    **Fatigue**    **Scars**    **Nerve Injury**
- Abdominal/intestinal distress which may include bloating and/or nausea**
- Ileus, bowel obstruction or perforation**
- Decreased kidney function**      **Organ failure of the remaining organ**
- the possible need for dialysis and/or organ transplant if remaining organ fails**
- Death during or after surgery**    **Morbidity and mortality may be impacted by age, obesity, hypertension , or other donor-specific pre-existing conditions**

\_\_\_\_\_ **Patient Initials**

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

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

I also authorize the Hospital and the above-named physician(s) to photograph, video, and/or use any other mediums which result in the permanent documentation of my image for medical, scientific or educational purposes, provided my identity is not revealed by them. I agree that any photographs taken pursuant to this authorization, which are not required by law to be retained, may be disposed of by Hartford Hospital so long as the manner of disposition shall be permanent destruction.



**Consent for Living Nephrectomy for Organ Donation**

I have been informed that in addition to the kidney I am donating, that partial removal of the following vessels may occur: renal artery, renal vein, and ureter. These vessels may only be used for the implantation or modification in my intended recipient.

I have been informed of current SRTR data and a copy has been given to me.

If an unforeseeable complication should arise, and my donated kidney is not able to be implanted into my intended recipient, I wish my kidney to be:

- Discarded
- Donated to a kidney recipient on the Hartford Hospital waitlist
- Donated to a kidney recipient on the UNOS national list

Please check the appropriate above option.

\_\_\_\_\_ Patient Initials

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

\_\_\_\_\_ Printed Name (Patient)

\_\_\_\_\_ Printed Name (MD, APRN, PA)

\_\_\_\_\_ Signature (Patient)

\_\_\_\_\_ Signature (MD, APRN, PA)

Date \_\_\_\_\_ Time: \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Interpreter responsible for explaining procedures and special treatment: \_\_\_\_\_

**UPDATED CONSENT AND VERIFICATION OF SURGEON PERFORMING PROCEDURE:**

\_\_\_\_\_ Signature (Patient or legally authorized representative) Signature (MD, APRN, PA)

Date \_\_\_\_\_ Time \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_