

Minutes
Louisiana Medical Disclosure Panel
March 28, 2014
1:00 p.m. – 3:00 p.m.
Bienville Building
Room 173

Welcome:

Roll Call/ Establish Quorum

Attendees:

- Dr. Nelson Daly
 - Mr. Ben Mouton
 - Ms. Kara Samuels
 - Dr. Geoffrey Garrett
 - Dr. Thomas Pressly
 - Dr. Katherine Williams
 - Dr. Barry Levet
 - Dr. Patrick Hall
 - Dr. Jack Miller
 - Quorum established.
-
- Also in attendance was Cindy Bishop, Director of Louisiana Orthopedic Association
 - Carol Lee DHH Representative Present

Opening:

The regular meeting of the Medical Disclosure Panel was called to order at 1:12 p.m. on 3/28/2014 in Baton Rouge by Dr. Katherine Williams.

Review of Minutes:

Motion by Dr. Barry Levet and seconded by Ben Mouton to approve the minutes from the November 8, 2013 meeting. Motion Carried.

Surgery Specialty

Motion by Dr. Geoffrey Garrett and seconded by Dr. Thomas Pressley to accept Surgery Rules (Rules 2313 through 2457). Motion Carried. (Copy Attached)

Cardiology Specialty

Motion by Dr. Geoffrey Garrett and seconded by Ben Mouton to accept the Cardiology Rules with updates submitted by Mr. Mouton and the Cardiology Association. Motion Carried. (Copy Attached)

Anesthesiology Specialty

Motion by Dr. Daly/Dr. Garrett and seconded by Dr. Levet to accept the updates submitted by the Anesthesiology Association. Motion Carried. (Copy Attached)

Unapproved

Changes to Section 2c. of the General Consent made to differentiate between Anesthesia that is administered by a proceduralist and Anesthesia that is administered by and Anesthesiologist:
Motion by Ben Mouton and seconded by Dr. Garrett to accept the changes to the General Consent with regard to Sedation. Motion Carried. (Copy Attached)

New Business:

1. Review of Podiatry Section by Dr. Patrick Hall tabled until next meeting.
2. Scheduled for next meeting:
 - a. Podiatry
 - b. ENT
 - c. Radiology
 - d. Gastroenterology
 - e. Orthopedics
 - f. Oncology
 - g. Nephrology
3. Cindy Bishop agreed to work with the Orthopedic Association for presentation at the next meeting scheduled for June 6, 2014.
4. Discussion regarding strategy to complete the remaining sections of the Informed Consent Rules.
5. Question whether a vote can be taken by email.
6. Discussion regarding specialty's using Botox injections and should this be included.
7. **A formal list of procedures that does not need consent is needed.**

Announcements:

Next Meeting:

Friday, June 6, 2014

1pm – 3pm

DHH, Bienville Building, Room 173

Adjournment:

Motion to Adjourn was made by Dr. Garrett. Second by Ben Mouton. Meeting was adjourned at 1:40 by Dr. Williams.

Submitted by: Carol Lee

Surgery-Sections for 201401 Meeting

§2313. Endocrine System Treatments and Procedures

Comment [CL1]: Approved 11/8/2013

A. Thyroidectomy or Parathyroid

1. injury to the nerves resulting in hoarseness or impairment of speech;
2. injury to parathyroid glands resulting in low blood calcium levels that require extensive medication to avoid serious degenerative conditions, such as cataracts, brittle bones, muscle weakness and muscle irritability;
3. lifelong requirement of thyroid medication.
4. failure to identify disease

B. Adrenal

1. Recurrence of disease
2. lifelong medications
3. continued disease
4. missed diagnosis

§2319. Digestive System Treatment and Procedures

Comment [CL2]: Sections A-E Approved 11/8/2013

A. Cholecystectomy (Removal of the Gallbladder) with or without Common Bile Duct Exploration

1. pancreatitis (inflammation of the gland that produces insulin);
2. injury to the tube (common bile duct) between the liver and the bowel;
3. retained stones in the tube (common bile duct) between the liver and the bowel;
4. narrowing or obstruction of the tube (common bile duct) between the liver and the bowel;
5. injury to the bowel and/or intestinal obstruction.
6. bile leak
7. contrast reaction

B. Gastrectomy or Vagotomy and Pyloroplasty (formerly 2416)

1. Infection in Incision or Inside Abdomen
2. Bleeding which may Require Transfusion
3. Leakage from Stomach (Fistula)
4. Inability to Maintain Weight
5. "Dumping Syndrome" (Chronic Vomiting after Eating)
6. Inability to eat Large Amount of Food, Especially Early after Surgery
7. Diarrhea
8. Need for Vitamin B-12 Injections for Life if Total Gastrectomy is Needed
9. Recurrence of Condition for which Surgery was Originally Done

C. Colon Resection (formerly section 2418)

1. Infection in the Incision
2. Intra-Abdominal Infection (Abscess) Requiring Additional Surgery and Prolonged Hospitalization
3. Leakage from Colon (Fistula) Requiring Additional Surgery and Possible Colostomy (Colon Empties into Bag Worn on the Abdomen)
4. Injury to other Organ or Blood Vessel Requiring Additional Surgery or Blood Transfusion
5. Diarrhea, Sometimes Permanent
6. Hernia in Incision Requiring Additional Surgery for Repair
7. Recurrence of Cancer (if Surgery is done for Cancer)
8. Incomplete Resection of Disease
9. Malfunctioning of Stoma (if performed)

D. Appendectomy (formerly section 2420)

1. Infection in the Incision
2. Bleeding from or into Incision
3. Intra-Abdominal Infection (Abscess) Requiring Additional Surgery and Prolonged Hospitalization
4. Leakage from the Colon (Fistula) Requiring Additional Surgery and/or Colostomy (Colon Empties into Bag Worn on the Abdomen)
5. Hernia in the Incision

Surgery-Sections for 201401 Meeting

E. Hemorrhoidectomy or Excision of Anal Fistula or Fissure (formerly 2424)

1. Bleeding at Operative Site
2. Post-Operative Pain, Especially with Bowel Movements
3. Temporary/Permanent Difficulty Controlling Bowel Movements or Passage of Gas
4. Recurrence of Hemorrhoids or Fistula or Fissure
5. Narrowing of Anal Opening Requiring Additional Surgery or Repeated anal Dilatations
6. Urinary retention

F. Trans-anal (NEW SECTION under 2319)

1. Bleeding at Operative Site
2. Post-Operative Pain, Especially with Bowel Movements
3. Temporary/Permanent Difficulty Controlling Bowel Movements or Passage of Gas
4. Recurrence of Hemorrhoids or Fistula or Fissure
5. Narrowing of Anal Opening Requiring Additional Surgery or Repeated anal Dilatations
6. Urinary retention
7. Incomplete resection of disease.

Comment [CL3]: Clarification by Dr. Richardson – Trans-anal procedures - the acronym is TAME for trans anal mucosal excision. (email dated 11/20/2013 W. Richardson) Will Present at January Meeting.

§2323. Integumentary System Treatment and Procedures

A. Radical or Modified Radical Mastectomy (Simple Mastectomy Excluded)

1. limitation of movement of shoulder and arm;
2. swelling of the arm;
3. Pain, numbness or weakness of arm
4. decreased sensation or numbness of the inner aspect of the arm and chest wall;
5. loss of the skin of the chest requiring skin graft;
6. failure to completely eradicate the malignancy;
7. Failure to locate and remove malignancy/abnormality
8. decreased sensation or numbness of the inner aspect of the arm and chest wall;
9. injury to major blood vessels.
10. Missed Diagnosis; failure to obtain accurate diagnosis
11. Seroma
12. Disfiguring Scar
13. Failure to locate and remove malignancy;
14. Recurrence of Disease
15. Pain, numbness or weakness of arm
16. Need for further Surgery including mastectomy operations
17. Inadequate margins
18. Infection
19. Blood Clot

Comment [CL4]: . 11/8/2013 - 2323 Tabled. Should the risks for A, B and C all be exactly alike, i.e. 1-13? 11/26/2013 Email from Dr. Richardson Approving changes so all risks for 2323 A-C are the same. Will present at January Meeting.

B. Excisional Breast Biopsy with or without needle localization and with or without sentinel lymph node biopsy (Formerly 2426)

- A. Infection;
- B. Blood clot (hematoma);
- C. Failure to obtain accurate diagnosis;
- D. Disfiguring scar;
- E. Failure to locate and remove abnormality;
- F. Seroma
- G. Recurrent disease
- H. Need for further surgery including mastectomy;
- I. Inadequate margins

1. limitation of movement of shoulder and arm;
2. swelling of the arm;
3. Pain, numbness or weakness of arm
4. decreased sensation or numbness of the inner aspect of the arm and chest wall;
5. loss of the skin of the chest requiring skin graft;
6. failure to completely eradicate the malignancy;
7. Failure to locate and remove malignancy/abnormality
8. injury to major blood vessels.
9. Missed Diagnosis; failure to obtain accurate diagnosis

Surgery-Sections for 201401 Meeting

10. Seroma
11. Disfiguring Scar
12. Recurrence of Disease
13. Need for further Surgery including mastectomy
14. Inadequate margins
15. Infection
16. Blood Clot

C. Lumpectomy (partial excision of breast) with Axillary Dissection with or without needle localization, with or without sentinel lymph node biopsy(Formerly Section 2428)

- A. Infection
- B. Blood Clot (Hematoma)
- C. Disfiguring Scar
- D. Fluid Collection in Axilla (Arm Pit)
- E. Numbness to Arm
- F. Swelling of Arm on Side of Surgery
- G. Damage to nerves of Arm or Chest Wall, Resulting in Pain, Numbness, Weakness
- H. Local Recurrence of Cancer
- I. Complication of Irradiation

Limitation of movement of shoulder and arm:

2. swelling of the arm;
3. Pain, numbness or weakness of arm
4. decreased sensation or numbness of the inner aspect of the arm and chest wall;
5. loss of the skin of the chest requiring skin graft;
6. failure to completely eradicate the malignancy;
7. Failure to locate and remove malignancy/abnormality
8. injury to major blood vessels.
9. Missed Diagnosis; failure to obtain accurate diagnosis
10. Seroma
11. Disfiguring Scar
12. Recurrence of Disease
13. Need for further Surgery including mastectomy
14. Inadequate margins
15. Infection
16. Blood Clot

§2422. Inguinal, Incisional, Ventral, Umbilical Hernia Repair

- A. Infection in the Incision, Possibly Requiring Additional Surgery to Remove Mesh if used for Repair
- B. Bleeding into Incision or Scrotum Resulting in Marked Swelling with Pain, Possibly Requiring Additional Surgery
- C. Recurrence of Hernia
- D. Injury to or Loss of Testicle(s) or Spermatic Cords(s), Possibly Causing Sterility
- E. Nerve Injury Resulting in Numbness or Chronic Pain in Groin Area
- F. Damage to testicles
- G. Numbness

Comment [CL5]: 2422 Approved as written 11/8/2013.

§2432. Ventriculoperitoneal Shunt Placement

NOTE: Itemization of the procedures and risks under a particular specialty does not preclude other qualified practitioners from using those risks identified for that particular procedure.

- A. Malfunction of Shunt Due to Infection
- B. Collection of Blood or Fluid between Brain and Skull (Subdural Hematoma/Hygroma)
- C. Headaches (Low Pressure Syndrome)
- D. Development of Condition Requiring another Shunt (e.g., Isolated Ventricle)
- E. Weakness or Loss of Sensation or other Function Due to Placement of Catheter
- F. Blood Clot in Brain (Intracerebral Hematoma)
- G. Failure to Absorb Fluid from Peritoneal Cavity (Fluid in Abdomen)
- H. Blindness, Seizures or Epilepsy

Comment [CL6]: 2432 Approved as written 11/8/2013.

Surgery-Sections for 201401 Meeting

- I. Leaks in Catheter And Its Connections
- J. Injury to Abdominal Organs
- K. Mechanical Failure
- L. Separation or Migration of Catheter
- M. Infection with or without Malfunction of Shunt
- N. Bowel Injury
- O. Mal-positioned catheter

§2436. Lumboperitoneal Shunt Placement

Note: Itemization of the procedures and risks under a particular specialty does not preclude other qualified practitioners from using those risks identified for that particular procedure.

- A. Inflammation Reaction in Nerves of Spinal Canal
- B. Curvature of Spine
- C. Shifting/Movement of Brain with Neurological Impairment
- D. Headaches
- E. Spasticity
- F. Difficulty Swallowing
- G. Other Neurological Difficulties
- H. Bowel Injury
- I. Mal-positioned catheter

Comment [CL7]: 2436 Approved as written 11/8/2013.

§2440. Peritoneal Dialysis, Temporary or Permanent.

Note: Itemization of the procedures and risks under a particular specialty does not preclude other qualified practitioners from using those risks identified for that particular procedure.

- 1. Peritonitis (Infection within the Abdominal Cavity)
- 2. Catheter Complications (Perforation of an Organ In the Abdomen)
- 3. Hypotension (Abnormally Low Blood Pressure)
- 4. Metabolic Disorders (Protein Loss, Malnutrition, Elevated Blood Sugar)
- 5. Hypertension (High Blood Pressure)
- 6. Pulmonary Edema (Excess Fluid in Lungs)
- 7. Cardiac Arrhythmias (Irregular Heartbeats)
- 8. Cardiac Arrest (Heart Stoppage)
- 9. Use of Temporary Access Catheter

- 10. Bleeding
- 11. Infection
- 12. Intestinal Perforation (Piercing of an Organ Within the Abdominal Cavity)
- 13. Ileus (Sluggishness and Distention of Intestines)
- 14. Chronic Pain
- 15. Hernia
- 16. Fluid Leak
- 17. Adhesions
- 18. Primary non-function of catheter
- 19. Mis-position of catheter

Comment [CL8]: Changes made per Dr. Richardson. 11/26/2013
Will present at January Meeting.

§2442. Insertion of Temporary or Permanent Hemodialysis Access Catheter

Note: Itemization of the procedures and risks under a particular specialty does not preclude other qualified practitioners from using those risks identified for that particular procedure.

- A. Blood Clots, Requiring Re-Operation
- B. Infection
- C. False Aneurysm (Damaged to Blood Vessels with Swelling, Rupture or Pain)
- D. Recurrent Thrombosis (Blood Clot)
- E. Severe Edema Of Extremity (Swelling)
- F. Pneumothorax (Air in Chest Cavity Causing Collapse of Lung)

Comment [CL9]: Section tabled. Requesting clarification from ACOS. See Comment CL10 - will present this section at the January Meeting.

Comment [CL10]: Per 11/20/2013 email from Dr. Richardson, "False Aneurysm is to remain."

Surgery-Sections for 201401 Meeting

G. Arrhythmia

Removed F. Inadequate Blood Supply to Extremity (Interference with Blood Supply)

Removed G. Inadequate Blood Supply to Nerves with Resulting Paralysis

§2455. Thoracentesis (insertion of needle or tube for drainage of chest cavity fluid)

Note: Itemization of the procedures and risks under a particular specialty does not preclude other qualified practitioners from using those risks identified for the particular procedure.

- A. Bleeding
- B. Pneumothorax (Lung Collapse)
- C. Infection
- D. Failure to alleviate primary problem
- E. Failure to diagnose problem
- F. Prolonged O2 requirement
- G. Need for further intervention
- H. Arrhythmia
- I. Pain

Comment [CL11]: Section 2455 accepted as written 11/8/2013.

New Section 2456: Fundoplication, hiatal hernia, Heller myotomy

- 1. Reflux or recurrent reflux
- 2. Hiatal hernia or recurrent hiatal hernia
- 3. Inability to vomit or burp
- 4. Difficulty swallowing
- 5. Increased flatulence
- 6. Bloating

Comment [CL12]: New Section, 2456 approved as written 11/8/2013

New Section 2457: Resections:

A. Soft Tissue Biopsy or Resection (Add blank for location of Lesion or Lesions)

- 1. Disfiguring scar
- 2. Failure to eradicate disease
- 3. Recurrent disease
- 4. Damage to local blood vessels or nerves
- 5. Pain
- 6. Local Numbness

Comment [CL13]: New Section, 2457, approved as written 11/8/2013.

B. Lung Resection (Add blank for type and location of resection)

- 1. Stroke
- 2. Extended O2 Requirement
- 3. Arrhythmia
- 4. Recurrent Disease
- 5. Incomplete Removal of Disease
- 6. Chest Tubes

C. Liver Resection (Add blank for location or type of resection)

- 1. Liver Failure
- 2. Bile Leak
- 3. Prolonged O2 requirement
- 4. Arrhythmia
- 5. Recurrent disease
- 6. Failure to remove all Disease
- 7. Misdiagnosis of disease

D. Pancreatic Resection (Add blank for location or type of resection)

- 1. Leakage of bowel

Surgery-Sections for 201401 Meeting

2. Leakage or Spillage of Pancreas or liver secretions
3. Development of diabetes
4. Prolonged O2 Requirement
5. Arrhythmia

**Cardiology-withChanges-2FS – Updated 1/31/2014 Version by Cardiology Association
(Frank Smart)
(Cardiology Association changes highlighted in Blue)**

§2349. Cardiology Procedures

A. Arterial Line Insertion

1. swelling, pain, tenderness or bleeding at blood vessel entrance by catheter or needle;
2. injury to artery or vein entered or studied;
3. decrease in blood flow to area supplied by the artery;
4. nerve damage;
5. loss or loss of function of an arm or leg supplied by the artery;
6. possible need for surgery due to complications.

B. Cardiac Catheterization

1. death;
2. myocardial infarction (cardiac arrest/heart attack);
3. cerebrovascular complication (stroke);
4. injury to artery or vein entered or studied;
5. local, vascular complication (groin or arm);
6. bleeding, thrombosis, distal embolization, pseudoaneurysm, arteriovenous (AV) fistula (abnormal communication between an artery and a vein), hematomas, nerve damage, injury to the artery, delayed hemorrhage;
7. loss or loss of function of an arm or leg;
8. perforation of heart or great vessels;
9. vasovagal reaction (hypotension, slow heart rate);
10. arrhythmias and conduction disturbances (irregular heart beat);
11. kidney failure (partial or complete; may necessitate hemodialysis);
12. contrast related anaphylactoid reactions (allergies);
13. congestive heart failure;
14. pulmonary embolism;
15. bleeding requiring blood transfusion or surgery;
16. possible need for surgery due to complications;
17. scar formation at the site of entrance into the artery.
18. temporary or permanent blindness
19. loss of part of catheter into the artery.

C. General Angiography

1. contrast related anaphylactoid reactions (allergies);
2. injury to artery or vein entered or studied;
3. loss or loss of function of an arm or leg;
4. kidney failure (partial or complete; may necessitate hemodialysis).

D. Percutaneous Coronary Angioplasty/Stent Placement

1. death;
2. brain damage (stroke);
3. quadriplegia;
4. paraplegia;
5. injury to artery or vein entered or studied;
6. loss or loss of function of an arm or leg;
7. disfigurement (including scars);
8. kidney failure (partial or complete; may necessitate hemodialysis);
9. loss of bowel and/or bladder function;
10. myocardial infarction (cardiac arrest/heart attack);
11. restenosis (subsequent recurrence of narrowing of blood vessel);
12. possible need for surgery due to complications;
13. contrast related anaphylactoid reactions (allergies);
14. hypotension (abnormally low blood pressure);
15. arrhythmias and conduction disturbances (irregular heart beat);
16. bleeding requiring blood transfusion or surgery;
17. pericardial tamponade (compression of the heart due to accumulation of blood or fluid in the sac around the heart);
18. stent thrombosis;
19. displacement of stent or instrument requiring retrieval.

E. Thrombolysis—Regional or Systemic

1. death;
2. brain damage (stroke);
3. injury to artery or vein entered or studied;

**Cardiology-withChanges-2FS – Updated 1/31/2014 Version by Cardiology Association
(Frank Smart)**

(Cardiology Association changes highlighted in Blue)

4. loss or loss of function of an arm or leg;
5. bleeding requiring blood transfusion or surgery;
6. hematoma;
7. arrhythmias and conduction disturbances (irregular heart beat);
8. hypotension (abnormally low blood pressure);
9. contrast related anaphylactoid reactions (allergies).

F. Coronary Intervention (Stents and Atherectomy)/Directional Coronary Arthrectomy (DCA), Transluminal Extraction Catheter Arthrectomy (TEC) and Rotational Atherectomy

1. death;
2. brain damage (stroke);
3. quadriplegia;
4. paraplegia;
5. injury to artery or vein entered or studied;
6. loss or loss of function of an arm or leg;
7. disfigurement (including scars);
8. kidney failure (partial or complete; may necessitate hemodialysis);
9. loss of bowel and/or bladder function;
10. myocardial infarction (cardiac arrest/heart attack);
11. restenosis (subsequent recurrence of narrowing of blood vessel);
12. possible need for surgery due to complications;
13. contrast related anaphylactoid reactions (allergies);
14. hypotension (abnormally low blood pressure);
15. arrhythmias and conduction disturbances (irregular heart beat);
16. bleeding requiring blood transfusion or surgery;
17. pericardial tamponade (compression of the heart due to accumulation of blood or fluid in the sac around the heart);
18. side branch occlusion;
19. severe bradycardia (severe slowing of the heart);
20. stent thrombosis;
21. displacement of stent or instrument requiring retrieval;
22. perforation of heart or great vessels;
23. coronary vasospasm related to the instrument used.

G. Electrophysiologic Study Including Programmed Electrical Stimulation (EPS) (Stimulating the heart to search for abnormal heart beat)

1. perforation of heart or great vessels;
2. pericardial tamponade (compression of the heart due to accumulation of blood or fluid in the sac around the heart);
3. bleeding requiring blood transfusion or surgery;
4. injury to artery or vein entered or studied;
5. arrhythmia and conduction disturbances (irregular heart beat);
6. pneumothorax (collapse of lung);
7. death;
8. myocardial infarction (cardiac arrest/heart attack);
9. bleeding, thrombosis, distal embolization, pseudoaneurysm, arteriovenous (AV) fistula (abnormal communication between an artery and a vein), hematomas, nerve damage, injury to the artery, delayed hemorrhage;
10. thrombophlebitis (inflammation of the vein);
11. pulmonary embolism (blood clot from pelvis or legs that moves to lungs);
12. brain damage (stroke);
13. loss or loss of function of a leg or arm;
14. electrical burns to the chest.

H. Radiofrequency Catheter Ablation

1. perforation of heart or great vessels;
2. injury to artery or vein entered or studied;
3. pericardial tamponade (compression of the heart due to accumulation of blood or fluid in the sac around the heart);
4. bleeding requiring blood transfusion or surgery;
5. pneumothorax (collapse of lung);
6. death;
7. myocardial infarction (cardiac arrest/heart attack);
8. arrhythmia and conduction disturbances (irregular heartbeat);

Cardiology-withChanges-2FS – Updated 1/31/2014 Version by Cardiology Association

(Frank Smart)

(Cardiology Association changes highlighted in Blue)

9. bleeding, thrombosis, distal embolization, pseudoaneurysm, arteriovenous (AV) fistula (abnormal communication between an artery and a vein), hematomas, nerve damage, injury to the artery, delayed hemorrhage;

10. thrombophlebitis (inflammation of the vein);

11. pulmonary embolism (blood clot from pelvis or legs that moves to lungs);

12. brain damage (stroke);

13. loss or loss of function of a leg or arm;

14. electrical burns to the chest;

15. possible need for surgery due to complications;

16. damage to heart valve;

17. interruption of the normal electrical conduction system of the heart, requiring permanent pacemaker placement;

18. recurrence of arrhythmia after initially successful ablation.

I. Transesophageal Echocardiography

1. arrhythmias and conduction disturbances (irregular heartbeat);

2. myocardial infarction (cardiac arrest/heart attack);

3. aspiration pneumonia;

4. respiratory failure which may require ventilation;

5. trauma to vocal cords which may result in temporary or permanent vocal cord injury that may require surgical repair;

6. injury to artery or vein entered or studied;

7. injury to teeth, gums, or throat, esophageal bleeding, laceration or perforation which may require surgical repair.

J. Exercise Treadmill and Bicycle Stress Testing

1. death;

2. myocardial infarction (cardiac arrest/heart attack);

3. arrhythmias and conduction disturbances (irregular heartbeat);

4. prolonged angina (chest pain);

5. hypotension/hypertension (abnormally low blood pressure/high blood pressure);

6. brain damage (stroke);

7. syncope (fainting);

8. musculoskeletal injuries (injuries to bones, muscles, and/or joints).

K. Dobutamine Stress Testing

1. death;

2. myocardial infarction (cardiac arrest/heart attack);

3. prolonged angina (chest pain);

4. hypotension/hypertension (abnormally low blood pressure/high blood pressure);

5. brain damage (stroke);

6. arrhythmias and conduction disturbances (irregular heartbeat);

7. syncope (fainting);

8. injury to artery or vein entered or studied.

L. Automatic Implantable Cardioverter Defibrillator Implantation (Permanent Pacemaker)

1. bleeding requiring blood transfusion or surgery;

2. hemorrhage (bleeding) into the lungs, the pericardium (sac which surrounds the heart), and the chest cavity;

3. pericardial tamponade (compression of the heart due to accumulation of blood or fluid in the sac around the heart);

4. myocardial infarction (cardiac arrest/heart attack);

5. brain damage (stroke);

6. pneumothorax (collapse of lung);

7. perforation of heart or great vessels;

8. injury to artery or vein entered or studied;

9. possible need for surgery due to complications;

10. arrhythmia and conduction disturbances (irregular heart beat);

11. damage to trachea (windpipe) and/or pharynx (throat);

12. trauma to vocal cords which may result in temporary or permanent vocal cord injury that may require surgical repair.

M. Pericardiocentesis

1. perforation of heart or great vessels;

2. damage to coronary arteries including laceration;

**Cardiology-withChanges-2FS – Updated 1/31/2014 Version by Cardiology Association
(Frank Smart)**

(Cardiology Association changes highlighted in Blue)

3. possible need for surgery due to complications;
4. arrhythmia or conduction disturbances (irregular heart beat);
5. myocardial infarction (cardiac arrest/heart attack);
6. pneumothorax (collapse of lung);
7. death;
8. pericardial tamponade (compression of the heart due to accumulation of blood or fluid in the sac around the heart).

N. Electrical Cardioversion

1. electrical burns to the chest;
2. myocardial infarction (cardiac arrest/heart attack);
3. embolic event to any portion of the body (e.g., brain, bowel, kidney, eyes, arm, leg) which may lead to loss of, or loss of function of, affected portion of body;
4. injury to artery or vein entered or studied;
5. death;
6. brain damage (stroke);
7. arrhythmia and conduction disturbances (irregular heartbeat).

O. Endomyocardial Biopsy

1. injury to artery or vein entered or studied;
2. hemorrhage (bleeding) into the lungs, the pericardium sac which surrounds the heart and the chest cavity;
3. pericardial tamponade (compression of the heart due to accumulation of blood in the sac around the heart);
4. myocardial infarction (cardiac arrest/heart attack);
5. arrhythmias and conduction disturbances (irregular heartbeat);
6. pneumothorax (collapse of lung);
7. perforation of heart or great vessels;
8. possible need for surgery due to complications;
9. damage to trachea (windpipe) and/or pharynx (throat);
10. trauma to vocal cords which may result in temporary or permanent vocal cord injury that may require surgical repair;
11. displacement of stent or instrument requiring retrieval;
12. brain damage (stroke);
13. bleeding requiring blood transfusion or surgery.

P. Temporary Pacemaker Placement

1. injury to artery or vein entered or studied;
2. hemorrhage (bleeding) into the lungs, the pericardium (sac which surrounds the heart), the chest cavity and elsewhere;
3. pericardial tamponade (compression of the heart due to accumulation of blood or fluid in the sac around the heart);
4. brain damage (stroke);
5. myocardial infarction (cardiac arrest/heart attack);
6. pneumothorax (collapse of lung);
7. perforation of heart or great vessels;
8. possible need for surgery due to complications;
9. arrhythmia and conduction disturbances (irregular heartbeat);
10. trauma to vocal cords which may result in temporary or permanent vocal cord injury that may require surgical repair;
11. displacement of stent or instrument requiring retrieval.

Q. Pulmonary Angiogram and/or Right Heart Catheterization

1. injury to artery or vein entered or studied;
2. hemorrhage (bleeding) into the lungs, the pericardium (sac which surrounds the heart) and the chest cavity;
3. brain damage (stroke);
4. pneumothorax (collapse of lung);
5. myocardial infarction (cardiac arrest/heart attack);
6. perforation of heart or great vessels;
7. possible need for surgery due to complications;
8. arrhythmia and conduction disturbances (irregular heart beat);
9. shock;
10. infusion of fluid into the chest cavity, lungs, and pericardium;
11. contrast related anaphylactoid reactions (allergies);

**Cardiology-withChanges-2FS – Updated 1/31/2014 Version by Cardiology Association
(Frank Smart)**

(Cardiology Association changes highlighted in Blue)

12. death;
13. aggravation of the condition that necessitated the procedure;
14. bleeding requiring transfusion or surgery;
15. kidney failure (partial or complete; may necessitate hemodialysis);
16. respiratory complications (including need for prolonged ventilator (mechanical) support);
17. loss or loss of function of an arm or leg.

R. Cardiac Rehabilitation

1. death;
2. arrhythmias and conduction disturbances (irregular heartbeat);
3. myocardial infarction (cardiac arrest/heart attack);
4. prolonged angina (chest pain);
5. hypotension/hypertension (low blood pressure/high blood pressure);
6. brain damage (stroke);
7. syncope (fainting);
8. musculoskeletal injuries (injuries to bones, muscles and/or joints);
9. drowning (if involving water activities).

S. Head up Tilt Test (Including vasoactive drugs)

1. syncope (fainting);
2. seizure (convulsions);
3. hypotension/hypertension (low blood pressure/high blood pressure);
4. arrhythmia and conduction disturbances (irregular heartbeat);
5. myocardial infarction (cardiac arrest/heart attack)
6. brain damage (stroke).

T. Atrial Fibrillation Ablation

1. perforation of heart or great vessels;
2. pericardial tamponade (compression of the heart due to accumulation of blood or fluid in the sac around the heart);
3. bleeding requiring blood transfusion or surgery;
4. injury to artery or vein entered or studied;
5. arrhythmia and conduction disturbances (irregular heart beat);
6. pneumothorax (collapse of lung);
7. death;
8. myocardial infarction (cardiac arrest/heart attack);
9. bleeding, thrombosis, distal embolization, pseudoaneurysm, arteriovenous (AV) fistula (abnormal communication between an artery and a vein), hematomas, nerve damage, injury to the artery, delayed hemorrhage;
10. thrombophlebitis (inflammation of the vein);
11. pulmonary embolism (blood clot from pelvis or legs that moves to lungs);
12. brain damage (stroke);
13. loss or loss of function of a leg or arm;
14. electrical burns to the chest.
15. Pulmonary or peripheral blood clots resulting in stroke or damage to organs

U. BiVentricular Pacemaker

1. bleeding requiring blood transfusion or surgery;
2. hemorrhage (bleeding) into the lungs, the pericardium (sac which surrounds the heart), and the chest cavity;
3. pericardial tamponade (compression of the heart due to accumulation of blood or fluid in the sac around the heart);
4. myocardial infarction (cardiac arrest/heart attack);
5. brain damage (stroke);
6. pneumothorax (collapse of lung);
7. perforation of heart or great vessels;
8. injury to artery or vein entered or studied;
9. possible need for surgery due to complications;
10. arrhythmia and conduction disturbances (irregular heart beat);
11. damage to trachea (windpipe) and/or pharynx (throat);
12. trauma to vocal cords which may result in temporary or permanent vocal cord injury that may require surgical repair.

**Cardiology-withChanges-2FS – Updated 1/31/2014 Version by Cardiology Association
(Frank Smart)
(Cardiology Association changes highlighted in Blue)**

V. Percutaneous Aortic Valve Replacement

1. death;
2. myocardial infarction (cardiac arrest/heart attack);
3. cerebrovascular complication (stroke);
4. injury to artery or vein entered or studied;
5. local, vascular complication (groin or arm);
6. bleeding, thrombosis, distal embolization, pseudoaneurysm, arteriovenous (AV) fistula (abnormal communication between an artery and a vein), hematomas, nerve damage, injury to the artery, delayed hemorrhage;
7. loss or loss of function of an arm or leg;
8. perforation of heart or great vessels;
9. vasovagal reaction (hypotension, slow heart rate);
10. arrhythmias and conduction disturbances (irregular heart beat);
11. kidney failure (partial or complete; may necessitate hemodialysis);
12. contrast related anaphylactoid reactions (allergies);
13. congestive heart failure;
14. pulmonary embolism;
15. bleeding requiring blood transfusion or surgery;
16. possible need for surgery due to complications;
17. scar formation at the site of entrance into the artery.
18. dissection of aorta
19. loss of prosthetic valve into artery
20. Infection and lifetime risk of endocarditis (added during 1/31/2014 meeting)

W. Percutaneous Patent Foramen Ovale Closure

1. injury to artery or vein entered or studied;
2. hemorrhage (bleeding) into the lungs, the pericardium (sac which surrounds the heart) and the chest cavity;
3. brain damage (stroke);
4. pneumothorax (collapse of lung);
5. myocardial infarction (cardiac arrest/heart attack);
6. perforation of heart or great vessels;
7. possible need for surgery due to complications;
8. arrhythmia and conduction disturbances (irregular heart beat);
9. shock;
10. infusion of fluid into the chest cavity, lungs, and pericardium;
11. contrast related anaphylactoid reactions (allergies);
12. death;
13. aggravation of the condition that necessitated the procedure;
14. bleeding requiring transfusion or surgery;
15. kidney failure (partial or complete; may necessitate hemodialysis);
16. respiratory complications (including need for prolonged ventilator (mechanical) support);
17. loss or loss of function of an arm or leg.
18. Pericardial tamponade
19. loss of device into the artery
20. rupture of the atrial septum

X Left Atrial Appendage Occluder Device Placement

1. injury to artery or vein entered or studied;
2. hemorrhage (bleeding) into the lungs, the pericardium (sac which surrounds the heart) and the chest cavity;
3. brain damage (stroke);
4. pneumothorax (collapse of lung);
5. myocardial infarction (cardiac arrest/heart attack);
6. perforation of heart or great vessels;
7. possible need for surgery due to complications;
8. arrhythmias and conduction disturbances (irregular heart beat);
9. shock;
10. infusion of fluid into the chest cavity, lungs, and pericardium;
11. contrast related anaphylactoid reactions (allergies);
12. death;
13. aggravation of the condition that necessitated the procedure;
14. bleeding requiring transfusion or surgery;
15. kidney failure (partial or complete; may necessitate hemodialysis);

**Cardiology-withChanges-2FS – Updated 1/31/2014 Version by Cardiology Association
(Frank Smart)
(Cardiology Association changes highlighted in Blue)**

16. respiratory complications (including need for prolonged ventilator (mechanical) support);
17. loss or loss of function of an arm or leg;
18. Pericardial tamponade;
19. loss of device into the artery;
20. rupture of the atrial septum;

Y. Percutaneous Ventricular support

1. death;
2. brain damage (stroke);
3. quadriplegia;
4. paraplegia;
5. injury to artery or vein entered or studied;
6. loss or loss of function of an arm or leg;
7. disfigurement (including scars);
8. kidney failure (partial or complete; may necessitate hemodialysis);
9. loss of bowel and/or bladder function;
10. myocardial infarction (cardiac arrest/heart attack);
11. restenosis (subsequent recurrence of narrowing of blood vessel);
12. possible need for surgery due to complications;
13. contrast related anaphylactoid reactions (allergies);
14. hypotension (abnormally low blood pressure);
15. arrhythmias and conduction disturbances (irregular heart beat);
16. bleeding requiring blood transfusion or surgery;
17. pericardial tamponade (compression of the heart due to accumulation of blood or fluid in the sac around

Z. Percutaneous Mitral Valve Repair with clip

1. injury to artery or vein entered or studied;
2. hemorrhage (bleeding) into the lungs, the pericardium (sac which surrounds the heart) and the chest cavity;
3. brain damage (stroke);
4. pneumothorax (collapse of lung);
5. myocardial infarction (cardiac arrest/heart attack);
6. perforation of heart or great vessels;
7. possible need for surgery due to complications;
8. arrhythmia and conduction disturbances (irregular heart beat);
9. shock;
10. infusion of fluid into the chest cavity, lungs, and pericardium;
11. contrast related anaphylactoid reactions (allergies);
12. death;
13. aggravation of the condition that necessitated the procedure;
14. bleeding requiring transfusion or surgery;
15. kidney failure (partial or complete; may necessitate hemodialysis);
16. respiratory complications (including need for prolonged ventilator (mechanical) support);
17. loss or loss of function of an arm or leg;
18. Pericardial tamponade;
19. loss of device into the artery;
20. rupture of the atrial septum;

§2325. Radiology

A. Cerebral Angiography

1. injury to the artery entered or studied;
2. swelling, pain, tenderness or bleeding at the blood vessel entrance by catheter or needle;
3. stroke;
4. death;
5. blindness;
6. brain damage;
7. aggravation of the condition that necessitated the procedure;
8. emboli to the brain;
9. allergic sensitivity reaction to the injected contrast medium;
10. bleeding requiring transfusion or surgery.

B. Coronary Angiography

1. injury to artery or vein entered or studied;

**Cardiology-withChanges-2FS – Updated 1/31/2014 Version by Cardiology Association
(Frank Smart)**

(Cardiology Association changes highlighted in Blue)

2. damage to heart (including occlusion of coronary artery or perforation);
3. myocardial infarction (**cardiac arrest**/heart attack);
4. possible need for open heart surgery to correct complication of procedure or deterioration of the patient's medical condition;
16. possible need for surgery due to complications;
5. arrhythmias and conduction disturbances (**irregular heartbeat**);
6. ~~cardiac arrest~~;
7. death;
8. swelling, pain, tenderness or bleeding at the blood vessel entrance by catheter or needle;
9. aggravation of the condition that necessitated the procedure;
10. allergic sensitivity reaction to injected contrast media;
11. bleeding requiring transfusion or surgery.
12. cerebrovascular complication (**stroke**);
13. local, vascular complication (**groin or arm**);
14. bleeding, thrombosis, distal embolization, pseudoaneurysm, arteriovenous (AV) fistula (**abnormal communication between an artery and a vein**), hematomas, nerve damage, injury to the artery, delayed hemorrhage;
7. loss or loss of function of an arm or leg;
8. perforation of heart or great vessels;
9. vasovagal reaction (**hypotension, slow heart rate**);
11. kidney failure (partial or complete; may necessitate **hemodialysis**);
12. contrast related anaphylactoid reactions (**allergies**);
13. congestive heart failure;
14. pulmonary embolism;
17. scar formation at the site of entrance into the artery.
18. temporary or permanent blindness
19. loss of part of catheter into the artery.

Anesthesiology LA with changes - during meeting 20140131 [Anesthesiology LA Link](#)

§2307. Anesthesia

NOTE: Itemization of the risks under a particular anesthetic does not preclude other qualified practitioners from using those risks identified for the particular anesthesia procedure.

A. Arterial Catheterization

1. decrease in blood flow to area supplied by the artery;
2. nerve damage;
3. loss of or loss of function of the limb or portion of the limb supplied by the artery;
4. [localized infection at site of insertion, and systemic infection.](#)

B. Central Venous and Pulmonary Artery Catheterization

1. hemorrhage (bleeding) into the lungs, the pericardium (sac which surrounds the heart), the chest cavity and elsewhere;
2. pericardial tamponade (compression of the heart due to accumulation of blood or fluid in the sac around the heart);
3. cardiac arrest (heart attack);
4. stroke;
5. pneumothorax (lung collapse);
6. infection;
7. cardiac arrhythmias (irregularities of the heart rhythm);
8. shock (severe drop in blood pressure);
9. damage to blood vessels;
10. damage to trachea (windpipe) and/or pharynx (throat);
11. injury to vocal cords;
12. distal embolization (air, fat particles or blood clots which circulate in the bloodstream until becoming lodged in a vein or artery);
13. damage to nerves, the lymph ducts, the heart and the lungs;
14. infusion to fluid into the chest cavity, lungs and pericardium.

C. Transesophageal Echocardiography

1. esophageal injury;
2. damage to teeth;
3. [injury to inside of mouth, lips, tongue, or airway;](#)
4. [laryngeal trauma and edema;](#)
5. [vocal cord trauma and edema.](#)

D. Epidural, Spinal, Regional

1. allergic, abnormal or hypersensitivity reaction to drugs or equipment may be fatal;
2. aspiration (inhalation) into the bronchi (airway) or lungs of stomach contents, stomach acids and foreign objects;
3. leakage of cerebrospinal fluid;
4. chipped or broken teeth;
5. convulsion (seizures);
6. epidural blood clot or abscess (bleeding or infection in the space adjacent to the spinal cord which may damage the spinal cord);
7. broken needles or catheters which may lead to complications and necessitate additional treatment;
8. [pneumothorax \(collapsed lung\)](#)
9. [hemothorax \(blood in the chest cavity\)](#)
10. [damage to blood vessels](#)
11. production of an unintended high level of anesthesia which may necessitate need for artificial respirators and insertion of a breathing tube;
12. incomplete analgesia (pain or discomfort during the procedure);
13. injury to the lips, tongue and inside of the mouth or airway injury;
14. laryngeal and vocal cord trauma or edema (injury to or swelling of the vocal cords);
15. loss of bowel or bladder function or sexual function;
16. heart attack or other heart problems;
17. decreased blood pressure;
18. shock;
19. nerve damage ranging from loss of sensation to total paralysis;
20. back pain;
21. death;
22. brain damage;
23. severe headaches;

Anesthesiology LA with changes - during meeting 20140131 [Anesthesiology-LA Link](#)

- [24. localized infection at site of insertion, spinal fluid infection, and systemic infection;](#)
- [25. potential to convert to a general anesthetic if the block fails, or if the procedure outlasts the block, and healthcare provider determines general anesthesia to be in the patient's best interests.](#)
- [26. increased risk of falling which can result in injuries including broken bones.](#)

27. Positional Injuries

[A. Position related injuries can occur even without pre-existing medical conditions that may predispose a patient to a position related injury listed below. Additionally, trauma, nerve or tissue compression, hypoperfusion of organs, a pre-existing medical history, that includes but is not limited to, obesity, peripheral vascular disease, diabetes, hereditary neuropathy, and other medical conditions, as well as any individual anatomic variation, have been known to predispose a patient to:](#)

- [1. Loss of vision, temporary or permanent;](#)
- [2. Hypotension with resulting neurologic injuries;](#)
- [3. Air embolism;](#)
- [4. Brachial or lumbosacral plexus injuries;](#)
- [5. Peripheral nerve injuries;](#)
- [6. Paraplegia;](#)
- [7. Quadriplegia;](#)
- [8. Pressure injury to skin, face, elbows, knees, breasts, male genitalia;](#)
- [9. Compartment syndrome](#)

Comment [CL1]: Definition Needed

§2309. Risks and Complications of General Anesthesia, Monitored Anesthesia Care, and Sedation

- A. Allergic, abnormal or hypersensitivity reaction to drugs or equipment, which may be fatal.
- B. Aspiration (inhalation) into the bronchi (airway) or lungs of stomach contents, stomach acids and foreign objects.
- C. Laryngeal and/or vocal cord trauma or edema (injury to or swelling of the vocal cords).
- D. Heart Attack or Other Heart Problems
- E. Death
- F. Brain Damage
- G. Shock
- H. Nerve Damage Ranging from Loss of Sensation to Total Paralysis
- I. Chipped or Broken Teeth
- J. Esophageal Injury
- K. Burns
- L. Malignant Hyperthermia (dangerously high fever which may result in death)
- M. Injury to Lips, Tongue and Inside of Mouth or Airway Injury
- N. Breathing Difficulties
- O. Eye Injuries, [including permanent blindness](#)
- [P. Permanent organ damage](#)
- [Q. Memory dysfunction or memory loss, temporary or permanent](#)
- [R. Postoperative cognitive dysfunction, temporary or permanent](#)
- [S. Awareness under anesthesia, with potential for awake paralysis](#)
- [T. Potential to convert monitored anesthesia care or sedation, to general anesthesia should circumstances change and healthcare provider determines general anesthesia to be in the patient's best interests](#)

§2310. U. Positional Injuries

- [1. Position related injuries can occur even without pre-existing medical conditions that may predispose a patient to a position related injury listed below. Additionally, trauma, nerve or tissue compression, hypoperfusion of organs, a pre-existing medical history, that includes but is not limited to, obesity, peripheral vascular disease, diabetes, hereditary neuropathy, and other medical conditions, as well as any individual anatomic variation, have been known to predispose a patient to:](#)

- [1.a. Loss of vision, temporary or permanent;](#)
- [2.b. Hypotension with resulting neurologic injuries;](#)
- [3.c. Air embolism;](#)
- [4.d. Brachial or lumbosacral plexus injuries;](#)
- [5.e. Peripheral nerve injuries;](#)
- [6.f. Paraplegia;](#)
- [7.g. Quadriplegia;](#)
- [8.h. Pressure injury to skin, face, elbows, knees, breasts, male genitalia;](#)
- [9.i. Compartment syndrome](#)

Formatted: Numbered + Level: 1 +
Numbering Style: 1, 2, 3, ... + Start at: 1 +
Alignment: Left + Aligned at: 0.13" + Indent
at: 0.38"

Comment [CL2]: Definition Needed

§2311. Anesthesia and Pregnancy

A. ~~List of e~~**Complications which** have occurred to an unborn child in association with obstetrical anesthesia, ~~epidural, spinal, or general,~~ includes:

1. hypoxia or anoxia (deprivation of sufficient amounts of oxygen which, if prolonged, can cause death or brain damage);
2. cardiac and/or respiratory depression (reduction of the heart and/or breathing rate which can lead to hypoxia or anoxia);
3. brain damage;
4. mental retardation;
5. injury to body organs;
- ~~66.~~ **66.** seizure disorders, ~~temporary or permanent;~~
- ~~77.~~ **77.** quadriplegia (paralysis of both arms and both legs);
- ~~88.~~ **88.** paraplegia (paralysis ~~from the waist down of both legs;~~
- ~~99.~~ **99.** spasticity (involuntary contraction of one or more muscles with associated loss of muscle function);
10. meconium aspiration ~~—(drawing of meconium, a fetal waste product sometimes present in the fluid surrounding the fetus, into the lungs of the unborn child);~~
- ~~11. broken bones;~~
- ~~1211.~~ **1211.**—death.

§2459. Intravenous Conscious Procedural Sedation

NOTE: Itemization of the procedures and risks under a particular specialty does not preclude other qualified practitioners from using those risks identified for the particular procedure.

A. The risks for ~~Intravenous Conscious Procedural~~ Sedation will be covered by ~~4 (c), as stated~~ in the main consent form ~~for the procedure~~ [death, brain damage, disfiguring scars, quadriplegia (paralysis for neck down), paraplegia (paralysis from waist down), the loss or loss of function of any organ or limb, infection, bleeding, and pain].

Comment [D3]: This should be deleted from the anesthesia section, and inserted into individual specialty sections where procedural sedation is performed such as gastro, cardiology, etc

Chapter 23. Informed Consent

§2301. Disclosure of Risks/Patient Consent

A. Pursuant to R.S. 40:1299.40E, the Louisiana Medical Disclosure Panel recommends use of the following general form, or use of a substantially similar form, for disclosure of risks and hazards related to medical care and surgical procedures.

**PATIENT CONSENT TO MEDICAL TREATMENT OR
SURGICAL PROCEDURE AND ACKNOWLEDGEMENT
OF RECEIPT OF MEDICAL INFORMATION
INFORMATION ABOUT THIS DOCUMENT
READ CAREFULLY BEFORE SIGNING**

TO THE PATIENT: You have been told that you should consider medical treatment/surgery. Louisiana law requires us to tell you (1) the nature of your condition, (2) the general nature of the medical treatment/surgery, (3) the risks of the proposed treatment/surgery, as defined by the Louisiana Medical Disclosure Panel or as determined by your doctor, and (4) reasonable therapeutic alternatives and material risks associated with such alternatives.

You have the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved.

In keeping with the Louisiana law of informed consent, you are being asked to sign a confirmation that we have discussed all these matters. We have already discussed with you the common problems and risks. We wish to inform you as completely as possible. Please read the form carefully. Ask about anything you do not understand, and we will be pleased to explain it.

1. Patient Name _____

2. Treatment/Procedure:

(a) Description _____, nature _____ of _____ the _____ treatment/procedure:

(b) Purpose: _____

(c) Anesthesia /intraoperative pain management

() anesthesia will be administered under the supervision of an anesthesiologist (a pain management doctor)who will obtain a separate informed consent

() anesthesia will be administered or supervised by this the physician performing the procedure with the following possible risks: death, brain damage, disfiguring scars; quadriplegia (paralysis from neck down); paraplegia (paralysis from waist down); the loss or loss of function of any organ or limb; infection; bleeding; or pain

Add Check Box: Anything reasonably necessary and appropriate to save the patient's life relative to the procedure within the physician's expertise

3. Patient Condition:

Patient's diagnosis, description of the nature of the condition or ailment for which the medical treatment, surgical- procedure or other therapy described in Item Number 2 is indicated and recommended:

_____ I understand my diagnosis

4. Material Risks of Treatment Procedure:

(a) All medical or surgical treatment involves risks. Listed below are those risks associated with this procedure that we believe a reasonable person in your (the patient's) position would likely consider significant when deciding whether to have or forego the proposed therapy. Please ask your physician if you would like additional information regarding the nature or consequences of these risks, their likelihood of occurrence, or other associated risks that you might consider significant but may not be listed below.

Patient's Initials: _____

Comment [CL1]: Format per Dr. Williams - email dated 2/21/2014.

Comment [CL2]: Your email from 2/21/2014 deletes this statement. But this statement was added from previous discussions. Do you want this to remain?

- See attachment for risks identified by the Louisiana Medical Disclosure Panel
- See attachment for risks determined by your doctor
- (b) Additional risks (if any) particular to the patient because of a complicating medical condition are:

(c) Risks generally associated with any surgical treatment/procedure, including anesthesia are: ~~pain, bleeding, infection, the loss or loss of function of any organ or limb, paraplegia (paralysis from waist down), quadriplegia (paralysis from neck down), disfiguring scars, brain damage, and death, infection, bleeding, pain, death, brain damage, disfiguring scars, quadriplegia (paralysis from neck down), paraplegia (paralysis from waist down), and the loss or loss of function of any organ or limb, infection, bleeding, and pain.~~

Comment [CL3]: Per comments from surgery add PE/DVT to this section.

5. Reasonable therapeutic alternatives and the risks associated with such alternatives are:

Observation/ ~~Risk- Delayed diagnosis and Treatment~~

Reasonable Alternative Therapeutic Alternatives Options and Risks

Formatted: Left

ACKNOWLEDGMENT

AUTHORIZATION AND CONSENT

6.(a) **No Guarantees:** All information given me and, in particular, all estimates made as to the likelihood of occurrence of risks of this or alternate procedures or as to the prospects of success, are made in the best professional judgment of my physician. The possibility and nature of complications cannot always be accurately anticipated and, therefore, there is and can be no guarantee, either express or implied, as to the success or other results of the medical treatment or surgical procedure.

(b) **Additional Information:** Nothing has been said to me, no information has been given to me, and I have not relied upon any information that is inconsistent with the information set forth in this document.

(c) **Particular Concerns:** I have had an opportunity to disclose to and discuss with the physician providing such information, those risks or other potential consequences of the medical treatment or surgical procedure that are of particular concern to me.

(d) **Questions:** I have had an opportunity to ask, and I have asked, any questions I may have about the information in this document and any other questions I have about the proposed treatment or procedure, and all such questions were answered in a satisfactory manner.

(e) **Authorized Physician:** The physician (or physician group) authorized to administer or perform the medical treatment, surgical procedures or other therapy described in Item 2 is:

(Name of authorized physician or group)

(f) **Physician Certification:** I hereby certify that I have provided and explained the information set forth herein, including any attachment, and answered all questions of the patient, or the patient's representative, concerning the medical treatment or surgical procedure, to the best of my knowledge and ability.

(Signature of Physician)

Date Time

CONSENT

Consent: I hereby authorize and direct the designated authorized physician/group, together with associates and assistants of his choice, to administer or perform the medical treatment or surgical procedure described in item 2 of this Consent Form, including any additional procedures or services as they may deem necessary or reasonable, including the administration of any general or regional anesthetic agent, x-ray or other radiological services, laboratory services, and the disposal of any tissue removed during a diagnostic or surgical procedure, and I hereby consent thereto.

I have read and understand all information set forth in this document, including any attachment, and all blanks were filled in prior to my signing. This authorization for and consent to medical treatment or surgical procedure is and shall remain valid until revoked.

I acknowledge that I have had the opportunity to ask any questions about the contemplated medical procedure or surgical procedure described in Item 2 of this consent form, including risks and alternatives, and acknowledge that my questions have been answered to my satisfaction.

Patient's Initials: _____

Witness

Date/Time

Patient or Person Authorized to Consent

Date/Time

Relationship

If consent is signed by someone other than the patient, state the reason:

**Attachment to Consent to Medical Treatment or
Surgical Procedure and Acknowledgment of
Receipt of Medical Information**

Patient's Signature

Date/Time

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1299, 40E et seq.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Medical Disclosure Panel, LR 18:1391 (December 1992), repromulgated LR:1581 (December 1993), amended LR 20:307 (March 1994).

| Patient's Initials: _____