RVH
Royal Victoria
Regional Health Centre

www.rvh.on.ca

STATEMENT TO DIAGNOSTIC, OPERATIVE, OBSTETRICAL OR THERAPEUTIC PROCEDURES

Please print – excluding signatures

1. I, _____, hereby consent to the following procedure(s):
   (name of patient or consenting person)

   left / right cataract extraction + IOL implant
   (please circle one)

   to be performed upon myself
   (myself or name of patient)

   by Dr.(s) Azizi

2. The nature of the treatment, the expected benefits, the therapeutic alternatives, the material risks, the material side effects of the treatment, and the likely consequences of not having the treatment, have been explained to me by Dr. Azizi. I am satisfied with these explanations and I understand them.

3. I consent to all preliminary and related procedures and to the administration of general and/or other anaesthetics.

4. I also consent to such additional or alternative investigations, treatments or operative procedures as may be deemed necessary and/or medically advisable during the course of the above procedure(s).

5. I hereby agree that the above named doctor(s) may make use of the assistance of other surgeons, physicians, and hospital staff and may permit them to order or perform all or part of the diagnostic, operative, obstetrical, therapeutic or anaesthesia procedure(s). They shall have the same discretion in the performance of the procedure(s).

6. For scientific and educational purposes I also consent to the taking, publication and use of photography, motion pictures, video tapes and sound recordings in the course of this operation or procedure, and to the attendance of personnel in an educational capacity.

Dated this _____ day of _____, 20____ Time _____

_____
(Signature of Patient or Consenting Person)

INSTRUCTIONS FOR COMPLETION ON REVERSE

GUIDELINES FOR STATEMENT TO
DIAGNOSTIC, OPERATIVE, OBSTETRICAL OR THERAPEUTIC PROCEDURES
(RVH-0015)

1. Refer to Administration Policy and Procedure Manual, #1.040.

2. Who may sign the consent?
   Refer to Administration Policy and Procedure Manual, #1.040 – Appendix A.

   NOTE: If the consent is to be modified in any way, the modification should be so stated and signed by the patient above his/her signature.

3. The name of the procedure must be printed with no abbreviations or short forms and must specify site of the procedure e.g. right, left, bilateral, arm, leg, etc.

4. The O.R. Schedule is used as a guideline for the name of the investigation, treatment or operative procedure for ELECTIVE BOOKINGS. The history, admitting diagnosis etc. are also consulted. If any doubt remains, the physician is contacted. For add-on and emergency procedures, the name of the investigation, treatment or operative procedure is found in the DR's. ORDERS.

5. The initial and surname of the physician ordering or performing the procedure must be printed in the designated areas.

6. Following review of consent with the patient/responsible person, the individual witnessing the consent will ask the person consenting if he/she understands the consent, and will request his/her signature in the designated place. If the person consenting does not understand, the physician concerned must be notified.

7. A consent is valid from the date of admission until consented procedure has been performed.

8. A consent is not required where the surgeon believes that the delay caused by obtaining a consent would endanger the life or a limb or vital organ of the patient. The surgeon shall write and sign a statement to that effect.

9. Telephone Consents:
   Refer to Administration Policy and Procedure Manual, #1.040 – Telephone Consent section.

10. If a patient/substitute decision maker disagrees with any part of consent he/she can indicate by drawing a line through that portion, initialling and dating. Bring this change to the attention of the treating physician.

11. Interpreter Assistance used during explanation of procedure: Consent form must be signed by patient or as in number 2 above.

Royal Victoria Regional Health Centre

PREPARING FOR YOUR DAY OF SURGERY

Surgery date: _____

Arrival time: _____

On the day of your surgery, report directly to the **Atrium Entrance** then proceed directly to **Central Registration**, Level 2 (across from Victoria's Gift Shop).

Your surgery is at risk of being ***cancelled*** if you do not follow these instructions:

Before your surgery

You will be contacted by the Pre-surgery Booking Office for your screening up to 4 weeks before your surgery date.
Note: If you are booked for Cataract surgery, Endoscopy or Pain Service you will not be required to have a pre-surgery appointment.

Pre-Surgery Treatment Clinic Appointment:

The Pre-Surgery Treatment Clinic is located on Level 1 near the Food Court. If you are booked for an appointment in the Pre-Surgery Clinic please complete and bring the following forms.

1. **Anaesthetic questionnaire:** Please complete this form prior to your appointment.
2. **Medication review:** Please complete this form by writing each medication name, dose and frequency. Please bring all your medications in their original containers including all supplements, vitamins and herbal products to your appointment. Also bring a current Meds Check list from your Pharmacy.

Day before Surgery:

You will receive a call between the hours of 12:30 pm and 4:00 pm providing you with an arrival time and instructions for your surgery. Please ensure there is someone to receive this call or that your voice mail clearly states your name so we can leave a message. If your surgery is booked on a Monday, you will be called on the Friday prior to your surgery. In the case of a Statutory Holiday you will be called the business day prior to the Statutory Holiday.

All surgeries are subject to change. Emergency procedures are given priority which means plans may change with little notice. We will keep you informed. There is always a chance your surgery may not be done on the scheduled day and may require rebooking.

Day of your Surgery: (Your surgery may be ***cancelled*** if you do not follow these instructions)

Do not eat anything after midnight including chewing gum or hard candy.
Do not drink dairy, dairy substitute or Orange Juice
You may drink clear fluids (i.e. water, clear tea or black coffee with sugar, apple juice or sports drinks) up until **1 hour before your arrival time**.

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PREPARING FOR YOUR DAY OF SURGERY

The exception: Take all your usual morning medication(s) by 6:00 a.m. with a sip of water, unless otherwise instructed by your Surgeon or the Anesthesiologist in Pre-Surgery Treatment Clinic. If you have any questions contact your surgeon's office or your family doctor.

Children and infants may have clear fluids up to 2 hours before their designated arrival time at the hospital. Breastfed babies may be nursed up until 3 hours before the arrival time at RVH. Formula fed babies may be fed up until 4 hours before the arrival time at the hospital.

General Instructions:

- **If you are experiencing any cold/flu symptoms prior to your surgical date, please contact your surgeon's office for instructions.**
- **Do not drink alcoholic beverages (including wine and beer) for at least 12 hours before your surgery.**
- **CANNABIS (Marijuana):**
  - **Smoked/Vaporized/Ingested: STOP 12 hours before Surgery**
- **CANNABIDIOL (CBD OIL):**
  - **Oral Dosing/Ingested: STOP 4 hours before Surgery**
- **Do not use other recreational drugs such as cocaine, ecstasy etc. for 48 hours before your surgery.**
- After your surgical procedure you will not be permitted to drive yourself home, or leave the hospital unaccompanied in a taxi. Arrangements must be made in advance to have someone accompany you home.
- You must make arrangements to have a responsible adult with you at home and remain with you **overnight** following surgery.
- Bring your **up to date health card** and any other health insurance information (i.e. Blue Cross) with you.
- Complete any required paperwork if you have not already done so, and bring it with you on the day of your surgery, including: **Anesthetic Questionnaire and Pre-Surgery Medication Review.**
- Please have a bath or shower at home either the evening before or the morning of your surgery unless advised otherwise.
- Do not wear makeup, perfume, scented products or aftershave. RVH has a Scent Reduction Policy.
- Remove all jewelry including body piercings and leave valuables at home.
- Wear comfortable clothing the day of surgery and bring a bag to place your belongings in.
- Cataract patients are required to wear a **button down** shirt. You will not be required to change into hospital attire.
- Remove your contact lenses and bring your glasses and glass case.
- You may want to bring a book or a magazine to help pass the time.
- If you use CPAP or BIPAP please bring your machine and please make sure that it is clean and in working order.
- Bring any other equipment that you have been instructed to bring the day of surgery.

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PREPARING FOR YOUR DAY OF SURGERY

Surgical Safety Checklist:

RVH is dedicated to patient safety. On the day of your procedure you will be asked to participate in the Surgical Safety Checklist with the members of the surgical team. This process will be carried out prior to your procedure and will occur again during and at the end of your procedure. This checklist is one of the many things we do at RVH to ensure your safety and comfort.

Visitors Guidelines:

- Please see the RVH website at www.rvh.on.ca for up to date visitor guidelines.

Stand-by Add-on Surgery Patients:

- You will receive a phone call the morning of your surgery. Do not eat or drink after midnight until instructed in the morning.
- If scheduled for a weekend or holiday, you will be contacted by the Post Anesthetic Care Unit staff the evening prior to your surgery with specific instructions.

Post-Operative Information Centre:

You will be provided with a **Tracker Number** to share with your family/friend should they wish to call in for an update on your condition on the day of surgery. If they don't have this number no information can be provided.

Surgery Tracker for Family and Friends:

Your family or friend can access our Surgery Tracker through our RVH Home Page at www.rvh.on.ca

They can click on the symbol "Surgery Tracker" and look for the **Tracker Number** that has been provided to see where you are in the surgical process.

Please visit the RVH website http://www.rvh.on.ca/areas-of-care/surgery/ to download and view resources on post-operative instructions as well as pre-surgery and day-care instructions.

Special Instructions:

_____

_____

_____

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ANESTHETIC QUESTIONNAIRE

NAME: _____

DOB: _____

HRN: _____

(addressograph)

IMPORTANT!
Fill this out before you see the anesthesiologist.
It helps the doctor giving your anesthetic (the anesthesiologist) to provide you with safe care.
Don't forget to bring it with you on the day of your procedure or pre-operative visit.

Anesthesia History:	**Yes**	**No**	**Explain**
1. Have you ever had any problems with an anesthetic?	❑	❑	
2. Has anyone related to you ever had problems with an anesthetic?	❑	❑	
3. Do you or any of your relatives have Malignant Hyperthermia or Pseudocholinesterase Deficiency?	❑	❑	
4. Have you ever developed confusion during a hospital admission?	❑	❑	

Social History: (Smoking, alcohol, and other recreational drugs can affect your anesthetic)

5. Do you smoke cigarettes or have you ever smoked cigarettes? How many years have you or did you smoke for? _____ If you used to smoke, when did you quit? _____	❑	❑	
6. Do you smoke or use marijuana? How often? _____	❑	❑	
7. Do you drink alcohol or beer? How many drinks per day _____ per week _____	❑	❑	
8. Do you use recreational drugs (e.g. cocaine, ecstasy, crystal meth)?	❑	❑	

Head and Neck:

9. Do you have dentures, caps, bridgework, implants or loose teeth?	❑	❑	
10. Do you have any problems opening your mouth fully?	❑	❑	
11. Do you have problems with your neck? (e.g. arthritis, surgery, etc.)	❑	❑	

Cardiovascular System (heart, blood pressure):

12. Can you walk two blocks or climb two flights of stairs without stopping?	❑	❑	
13. Do you take medication to thin your blood?	❑	❑	
14. Have you ever had a blood transfusion?	❑	❑	
15. Did you have any problems following your transfusion?	❑	❑	
16. Do you take antibiotics prior to dental work or surgery?	❑	❑	
17. Do you or any of your relatives have sickle cell disease or trait?	❑	❑	

Have you had or do you have:

18. High Blood Pressure	❑	❑	
19. Heart Attack or angina	❑	❑	
20. Stents or cardiac bypass surgery	❑	❑	
21. Heart failure or heart rhythm abnormalities	❑	❑	
22. Do you have a pacemaker or Implantable Defibrillator (ICD)?	❑	❑	
23. Heart Valve Problems or Valve Replacement or "murmur"	❑	❑	
24. Stroke or Mini Stroke (TIA)	❑	❑	
25. Peripheral Vascular Disease/problems with circulation	❑	❑	
26. Blood Clots (Phlebitis) or pulmonary embolism	❑	❑	

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ANESTHETIC QUESTIONNAIRE

NAME: _____

DOB: _____

HRN: _____

Respiratory System (lungs and breathing)	Yes	No	Explain
27. Do you ever have difficulty breathing even when resting or sitting?	❑	❑	_____
28. Does shortness of breath ever wake you up at night?	❑	❑	_____
29. Have you ever used puffers or home oxygen for your breathing?	❑	❑	_____
Have you had or do you have?			
30. Asthma/chronic bronchitis/emphysema/wheezing/chronic cough	❑	❑	_____
31. Recent respiratory infection, cough or common cold	❑	❑	_____
32. Sleep apnea, severe snoring or breath holding at night	❑	❑	_____
Other Systems:			
Have you had or do you have?			
33. Diabetes Type 1 or 2	❑	❑	_____
34. Thyroid Problems	❑	❑	_____
35. Hiatus Hernia/reflux or frequent acid indigestion	❑	❑	_____
36. Crohn's disease or Ulcerative Colitis	❑	❑	_____
37. Rectal bleeding or stomach ulcers	❑	❑	_____
38. Hepatitis, HIV or Tuberculosis	❑	❑	_____
39. Cirrhosis or jaundice	❑	❑	_____
40. Kidney problems or hemo/peritoneal dialysis	❑	❑	_____
41. Epilepsy or Seizures	❑	❑	_____
42. Arthritis	❑	❑	_____
43. Neurological or muscular disease	❑	❑	_____
44. Glaucoma or Eye Problems	❑	❑	_____
45. Chronic pain or fibromyalgia	❑	❑	_____
46. Any cortisone injections or taken any cortisone-like medication (e.g. Prednisone) in the last year	❑	❑	_____
47. Cancer Please specify where: _____	❑	❑	_____
48. Anemia/low blood count	❑	❑	_____
49. Is there a chance you may be pregnant?	❑	❑	_____

Please list any other medical problems not mentioned above. _____

_____

Please list previous surgeries and hospital admissions or visits below.

Year	Surgery or Hospital Admission	Year	Surgery or Hospital Admission

Do you have any questions about your anesthetic? _____

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PRE-SURGERY MEDICATION REVIEW

PATIENT NAME: _____

DOB: _____

HRN: _____

(addressograph)

TO THE PATIENT: Please complete as much of the information below as possible

Community Pharmacy(s): _____ Tel. # _____

_____ Tel. # _____

Height: _____ cm _____ inches Weight: _____ kg _____ lbs

ALLERGIES

(eg. hives, rash, swelling, difficulties breathing)

Agent (eg. drugs, foods)	Type of reaction?	Age at occurrence

INTOLERANCES

(eg. nausea, upset stomach, dizziness, hallucinations)

Agent (eg. drugs, foods)	Comments

Pre-Surgery:
Nurse Employee #: _____ Nurse Signature: _____ Date: _____

Surgery-Preparation:
Nurse Employee #: _____ Nurse Signature: _____ Date: _____

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PRE-SURGERY MEDICATION REVIEW

PATIENT NAME: _____

DOB: _____

HRN: _____

MEDICATIONS TAKEN BY PATIENT

*(please fill out as completely as possible - **NOT SHADED AREAS**)*

Pt. to Bring Own (✓)	Pt. to ask about holding preop (✓)	Name of Drug	Dose	Directions	Date/Time Last Dose Taken

NON-PRESCRIPTION MEDICATIONS

(eg. herbals, OTC, vitamins & minerals, recreational)

Pt. to ask about holding preop (✓)	Name of Drug	Dose	Directions	Date/Time Last Dose Taken

Royal Victoria
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DEPARTMENT OF ANESTHESIA

CANNABIS BEFORE SURGERY

Information About Cannabis Use Prior to Your Operation

What if I am using cannabis for medical purposes?

It is routine for patients to be asked to discontinue prescribed medications before surgery. Cannabis is no different.

Is smoking cannabis safer than smoking cigarettes?

No. You are at risk of developing lung disease from smoking cannabis. Lung disease from either cannabis or cigarette smoking may increase Anesthesia related complications, and could affect healing after surgery.

Does Cannabis Use Increase My Anesthetic Risk?

This is a difficult question to answer. Anesthetic risk has many variables and is often related to your unique medical issues and specific surgery. Individuals who use cannabis do so in many ways, forms and amounts. Therefore, its effect on the body is difficult to predict when combined with a wide variety of anesthetic agents and techniques.

Currently, we do not have enough evidence to say that cannabis ***alone*** will increase your anesthetic risk **when stopped at an appropriate time.** Although it is recommended that you abstain from cannabis use ***as long as possible*** prior to your surgery, below is the minimum time you would be expected to stop before receiving an anesthetic.

CANNABIS (MARIJUANA)
Smoked/Vaporized: STOP 12 hours before Surgery
Ingested: STOP 12 hours before Surgery

CANNABIDIOL (CBD OIL)
Oral Dosing/Ingested: STOP 4 hours before Surgery

Your attending Anesthesiologist has a legal obligation to provide you with the safest care possible during your surgery. On rare occasions there may be times where your surgery is delayed, postponed or canceled at their discretion.

Under **no** circumstances will you receive an anesthetic for nonemergency surgery if you are intoxicated.

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Dear Patient,

At Royal Victoria Regional Health Centre (RVH), we strive to make each life better together. We reflect on patient experiences and work to continually improve patient care. It is through learning from each patient's story that RVH is able to provide the most exceptional care to our patients. We want to do everything we can to ensure you have a positive surgical experience. To do this, we need your feedback about the surgical care you received at our hospital.

We are working with the Ontario Surgical Quality Improvement Network, a part of Health Quality Ontario, in our drive for surgical excellence. Through this network, we are participating in a quality improvement program that will:

- Collect clinical data on surgical outcomes
- Compare our surgical outcomes provincially, nationally, and internationally
- Identify areas for improvement and target initiatives that will result in fewer complications and better outcomes.

As part of this program, one of our Surgical Clinical Reviewers will contact a select number of patients by telephone 30-90 days after surgery to conduct a five-minute survey about their recovery. If you are selected to participate in the survey, we will make three (3) attempts to contact you at the phone number you provided. As part of this review, our Surgical Clinical Reviewers may also access records from your family physician as they relate to your surgery.
Patient privacy is of utmost importance to us, and your responses will be kept confidential. Thank you in advance for your time.

For more information or if you have questions about the program, please contact one of our Surgical Clinical Reviewers at:

705-728-9090
Ext 46539 or Ext 46526

Sincerely,
Dr. Dorotea Mutabdzic, MD, MEd, FRCSC
General Surgical Oncologist and General Surgeon
NSQIP Surgeon Champion
Royal Victoria Regional Health Centre