

# Surgical Consent & Authorization Splenectomy

Date: \_\_\_\_\_ Referring Hospital: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Client's name: \_\_\_\_\_

Pet's DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: Male / Female Neutered: Yes / No

\_\_\_\_\_ This document acknowledges that I have been informed by Dr. \_\_\_\_\_ that my pet is suspected to have a mass or lesion affecting the spleen. I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for abdominal exploratory surgery for spleen removal (splenectomy) +/- liver biopsy to be performed on my pet by Dr. Krista Adamovich, DACVS-SA.

\_\_\_\_\_ I understand the risks associated with this procedure that **may include:** anesthetic risk, infection, wound healing complications, hemorrhage (blood loss, potentially necessitating a blood transfusion), ECG arrhythmias, DIC (disseminated intravascular coagulation), and sudden death.

\_\_\_\_\_ I understand Aspiration pneumonia has been reported to occur in 10-20% of dogs after Unilateral Arytenoid Lateralization ("Tieback") surgery. This is a lifelong risk that is worse with anesthesia, sedation, vomiting and swimming. Aspiration pneumonia can be fatal in severe cases.

\_\_\_\_\_ I understand that biopsy samples obtained during surgery will be submitted for histopathology (analysis under the microscope by a pathologist) by my veterinarian.

\_\_\_\_\_ I understand that my pet may be administered Nocita (local anesthetic lasting up to 72 hours) for additional pain control. *Pending primary care DVM authorization & available supply.*

\_\_\_\_\_ I understand that successful outcomes require proper home care and restrictions.

\_\_\_\_\_ I understand that there is no guarantee of success or resolution with surgery.

\_\_\_\_\_ I consent for photographs and videos to be obtained of my pet for use by Roam ATX Veterinary Surgery for case presentations, monitoring, and/or website or social media. CIRCLE ONE: YES / NO

I hereby grant permission for my pet to undergo surgery performed by Dr. Krista Adamovich, DACVS-SA.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Client's Phone Number

\_\_\_\_\_  
Date

