



## SARS-COV-2 (COVID-19) RISK INFORMED CONSENT - SURGICAL AND THERAPEUTIC PROCEDURES

**Provided by the International Society of Aesthetic Plastic Surgery**

Dear patient,

The current COVID-19 pandemic has far-reaching effects on our everyday life and thus also on our daily clinical processes.

Of course, we follow the regulations of the local health authorities and recommendations of national and international professional societies regarding the precautions to be taken before, during and after a surgical procedure with regard to COVID-19. Please note that many of these guidelines are subject to constant change and that we will adapt them accordingly.

Our primary goal is to prevent infections with SARS-CoV-2 viruses. To this end, we have introduced very high safety standards in hygiene measures that apply to staff, equipment and instruments used for your treatment. Personal protective equipment, consisting of masks, face shields and gloves, is used for our team and patients whenever necessary and appropriate.

24 hours before the operation, we will conduct a telephone interview with you about possible symptoms, previous travel to risk areas, quarantine requirements or contacts with COVID-19 patients.

Except in emergencies, we currently only treat patients without COVID-19-related symptoms and with low overall risk to reduce the risk of transmission for patients and medical staff.

During your clinical stay, physical separation from other patients in the facility is maintained whenever possible.

If you are undergoing surgery, preoperative diagnostic tests for COVID-19 will be performed. You should notify your doctor if you are at increased risk of serious illness (e.g. high blood pressure, diabetes mellitus, chronic heart-lung disease, immunodeficiency, cancer, or kidney or liver failure).

Please note that due to the COVID-19 pandemic, there may be changes in the anesthesia procedure, both in the type of anesthesia used and in the preoperative tests required for your surgery. As always, you will be able to discuss all options with your anesthesiologist during the preoperative consultation.

The risk of COVID-19 infection during your treatment can, to the best of our knowledge and belief, be considered low if all necessary precautions are taken, but it cannot be excluded.

Currently, there is no specific drug for the treatment of COVID-19 disease and no vaccine against the SARS-CoV-2 virus; the risk of the virus is not yet fully known from a scientific point of view. Only the symptoms of the disease can be treated, which can be mild, moderate or severe, including pneumonia, acute respiratory distress syndrome (ARDS), sepsis and septic shock, and other clinical manifestations, even death.

The urgency of the operation and the choice of the anesthetic procedure is assessed and applied individually for each patient by the medical team.

By signing this document, I fully understand that there is no guaranteed zero risk of acquiring the SARS-COV-2 (COVID-19) virus during or after medical treatment, whether surgical and/or therapeutic, during the recovery phase.

In case of infection with the virus during or after treatment or surgery, the clinical development and/or the development of possible perioperative complications may be different or more severe than in COVID-negative patients.

## Declaration of the patient

- I understand and expressly accept that despite numerous and careful hygiene and safety measures during medical-surgical care and outpatient consultations, there is a possibility of infection. I consent to a perioperative test of COVID-19, be it a direct virus detection test from the nasopharynx (PCR) or an antibody test from the blood.
- I, the undersigned patient, consent to my physician and/or his/her staff (hereinafter collectively referred to as "my physician") performing medical procedures during the COVID 19 pandemic and thereafter, whether considered necessary, elective or aesthetic. I understand that performing my procedure at this time, despite my own efforts and those of my physician, may increase the risk of my exposure to COVID-19. I am aware that exposure to COVID-19 can lead to serious illness, intensive care therapy, prolonged intubation and/or ventilator support, life-threatening consequences to my health and even death. I am also aware of the possibility that the surgery itself, whether performed in a doctor's office or hospital, may result in a more severe case of COVID-19 than I could have had without the surgery.
- I also understand that performing my procedure at this time increases the risk of COVID-19 being transmitted to my doctor. This virus has a long incubation period, there may still be unknown aspects of its transmission, and I am aware that I may be contagious whether I have been tested or have symptoms.
- In order to reduce the possibility of exposure or transmission of COVID-19 at my physician's office, I accept that my physician will establish infection control procedures before, during and after my procedure for my own protection and that of my physician, which I must follow. I understand that my cooperation is mandatory, whether or not I personally consider such COVID-19 procedures and/or preventive measures necessary.
- I have informed my doctor about all COVID-19 tests that I or a person living with me have received in the last 14 days and the results of these tests, and if I am tested by the date of my surgery, I will immediately inform my doctor of the results of these tests. I understand that my doctor may require me to be tested, possibly at my own expense and independently of any previous tests, and that the results of these tests must be negative before I am admitted to surgery.
- I certify that neither I nor any person living with me is suspected of having COVID-19 symptoms; neither I nor any person living with me has experienced any such symptoms in the past 14 days; and I and all persons living with me have practiced all personal hygiene, social distancing - and other COVID-19 recommendations contained in all government regulations issued by my city and state in the past 14 days. I understand that I must honestly disclose this information in order not to endanger myself or others.
- All of the above issues were discussed with me and all my questions were answered to my satisfaction. As I am fully informed, I accept the risk of exposure to SARS-CoV-2 virus.

- I am aware that even if I have been tested for SARS-CoV-2 and got a negative test result, in some cases the tests cannot detect the virus or I have been infected with SARS-CoV-2 after the test. I understand that if I have COVID-19 infection, and even if
- I have no symptoms, performing this predictable treatment/operation may result in a higher risk of complications and death.
- I have been informed that my treatment/operation can also be postponed to a time when there may be better treatment against COVID-19 or a vaccine. I expressly do not wish a postponement.
- I was able to ask all the questions

**Doctor's notes:**

Patient inquired:

A special information was carried out:

DATE

DATE

Signature of the patient

Signature of the doctor

**Notice and Disclaimer:**

This document is for reference purposes only. It is intended to provide general guidance, is not legal advice and is not a statement regarding any standard of care. This document does not take into account every law or requirement of federal, state or local authorities which may be applicable to you or your practice site(s). 04<sup>th</sup> May 2020