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Board Certified Plastic Surgeon

## **COVID-19 Patient Information**

Your surgery date is **tentative**. Surgery could change if the number of local cases escalate or if your COVID test result is not available at the time of your procedure.

You will be called by our practice prior to surgery for a (phone) pre-operative appointment. Your prescription medications will also be called in at this time.

You should self-isolate for 5-7 days before surgery as to reduce the risk of being in the COVID incubation period at the time of your procedure. You will be asked to continue to have minimal contact with others for at least one week after surgery.

You will have COVID Real-time PCR test prior to the procedure. Surgery will proceed if the results are negative

On the day of surgery, you will be asked to follow the facility's protocols. As a standard precaution, only one person will be allowed to come with you to surgery. They may or may not be allowed to enter the building. The facility will communicate their protocols to you prior to surgery.

Some or all of your post operative visits may be conducted via telemedicine. If you develop a fever more than 48 hours after surgery, you will be asked to have repeat COVID testing even if the cause seems to be otherwise (wound redness, etc).

### **IS EVERYONE A CANDIDATE FOR ELECTIVE SURGERY AT THIS TIME?**

No. Stringent criteria are applied at this time. Only healthy patients are considered for surgery. Only those who can self-isolate are also candidates.

### **WHY ARE THERE SO MANY PRECAUTIONS IF MY COVID TEST IS NEGATIVE?**

The test can miss detecting COVID. Therefore, you can have a negative test and still be an asymptomatic carrier.

### **IS IT RISKIER TO HAVE SURGERY WHILE COMMUNITY SPREAD OF COVID IS OCCURRING?**

Yes. You should consider whether or not you are willing to have an increased risk of pneumonia, tissue loss, clotting, organ failure and death. The risk is increased only if you have COVID and surgery together.

## **COVID-19 RISK INFORMED CONSENT**

I understand that I am opting for an elective treatment/procedure/surgery that is not urgent and may not be medically necessary.

I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result federal and state health agencies recommend social distancing. I recognize that Dr. Stephanie Teotia and all the staff are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19 by virtue of proceeding with this elective

treatment/procedure/surgery. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment/procedure/surgery, and I give my express permission to Dr. Stephanie Teotia and all staff at Dr Stephanie Teotia's practice to proceed.

I understand that, even if I have been tested for COVID-19 and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID-19 after the test. I understand that, if I have a COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this elective treatment/procedure/surgery can lead to a higher chance of complications and death.

I understand that possible exposure to COVID-19 before/during/after my treatment/procedure/surgery may result in the following: a positive COVID-19 diagnosis, extended quarantine/self isolation, additional tests, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. In addition, after my elective treatment/procedure/surgery, I may need additional care that may require me to go to an emergency room or a hospital.

I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein, as well as those risks for the treatment/procedure/surgery itself.

I have been given the option to defer my treatment/procedure/surgery to a later date. However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired treatment/procedure/treatment.

I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE PROCEDURE:

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Patient or Person to Sign for Patient

Date/Time