



Special Informed Consent & Disclosure Limitations After Surgery

Patient Name _____

Date _____

After surgery, it takes months for the wounds to reach their final strength. It is therefore of utmost importance to allow the wounds to mature prior to stressing the healing process.

I understand that the entire area that has been operated upon represents a wound. Dr. Gary Lawton has explained to me in detail the restrictions on my physical activity after surgery. I understand that I may not engage in exercise of any kind for a period of six (6) weeks after surgery. I also understand that I should refrain from all vigorous activity, including but not limited to lifting, pushing, pulling, cleaning, sweeping, vacuuming, shopping and sexual activity.

I also understand that these restrictions may be extended based on my progress in the postoperative period.

I fully understand that deviation from these recommendations may result in unfavorable healing, prolonged swelling, bleeding, fluid collection, prolonged wound drainage, wound separation, infection, the need for further surgery, as well as further expenses.

I acknowledge that Dr. Gary Lawton and his nursing staff have explained these surgical restrictions to me in detail. I have been given the opportunity to ask questions. My signature attests to my understanding and satisfaction with the answers to my questions.

The patient hereby acknowledges and agrees that the services to be provided are to be considered professional medical services for the treatment of the patient's condition.

Patient Signature _____

Date _____

Witness _____

copy given to patient