

SURGICAL CONSENT FOR FRACTURED ANKLE

I, **Dr Simon Journeaux** have discussed with the patient to undergo the following procedure:

OPEN REDUCTION & INTERNAL FIXATION OF LEFT/RIGHT ANKLE FRACTURE

I have discussed the following issues, risks with the patient.

General Risks of Procedure: These include:

a) Risks of a general anaesthetic.

Specific Risks of Procedure:

- i) Breakage and Loosening of Screws.** If this occurs another operation may need to be performed to remove these.
- ii) Numbness** due to nerve and muscle damage at the site of the tourniquet. This may be temporary or permanent.
- ii) The bones may not fuse properly.** This may require further surgery.
- iii) The breakdown of skin under the tourniquet** which may require further dressings and/or surgery and skin grafting.
- iv) Damage to nerves and/or blood vessels.** This may require further surgery.
- v) Infection** – this may require further surgery and/or the use of antibiotics.
- vi) Deep Vein Thrombosis** Blood clots in the leg vein are the most common complication. Thrombosis prevention in my practice includes regional anaesthesia, early mobilization. Occasionally a clot can break off and travel to the lung – a rare cause of sudden death after surgery.
- vii) Abnormal pain response** to surgery with worsening of pain and disability. It is not uncommon for the patient's unrealistic expectations of the procedure to be the main problem of ongoing pain complaints.
- viii) Wound numbness:** This may occur and usually has no long term implications.
- ix) Abnormal Scar.** In some people, healing of the wound may be abnormal and the wound can become thickened and red and the scar can become painful.
- x) Post-traumatic osteoarthritis.**
- xi) Ankle stiffness.**
- xii) Poor result.**

PATIENT/PARENT CONSENT

I acknowledge that Dr Journeaux has explained the medical condition and the proposed procedure. I/we understand the risks of the procedure and the likely outcomes both good and bad. The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and what will happen to me if I/we do not go ahead with the procedure.

It is very important that you feel you have been fully informed about all the issues and risks relating to a fractured ankle surgery and you understand what it fully means to you. Please read carefully the following statements about this procedure that **Dr Journeaux** has advised for you to have and place an initial beside each one if you agree. If you do not understand or have any further questions please ask **Dr Journeaux** to explain them further.

I/we agree to the above procedure being performed. I/we also request the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with having this procedure. I/we also agree to any other unplanned procedure(s) being performed if they are necessary for my well being and they cannot be discussed with me at the time as I am under the influence of an anaesthetic and/or other drugs.

I (patient's/parent name) _____ of, (address)

- X..... **understand why it is necessary to have a fractured ankle repaired.**
- X..... **understand the potential benefits, risks and possible complications of ankle fracture surgery.**
- X..... **understand the alternative forms of treatment that are available, including not having the procedure, and why having this procedure is the most appropriate.**
- X..... **have had all my/our concerns about the procedure explained.**
- X..... **feel informed about having this procedure.**

Patient/Parent
signature:.....

Dr Simon F Journeaux
signature:.....