

SURGICAL CONSENT FOR CALCANEAL FRACTURES

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

OPEN REDUCTION AND INTERNAL FIXATION OF RIGHT/LEFT FRACTURED CALCANEUM

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

General Risks of Procedure: These include:

- a) Deep vein thrombosis occasionally affecting the lung.
- b) Lung infection – requiring antibiotics and physiotherapy.
- c) Increased risk in smokers of wound and chest complications, heart & lung complications, and thrombosis.
- d) Increased risk in obese people of wound infection, chest infection, heart & lung complications, and thrombosis.
- e) Heart attack.
- f) Small risk of death.

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** in the wound area. This can be caused by damage to the sural nerve. It may leave you with permanent numbness.
- iii) **The bones may not fuse properly.** This may require further surgery.
- iv) **The breakdown of skin in the wound** which may require further dressings and/or surgery and skin grafting.
- v) **Damage to nerves and/or blood vessels.** This may require further surgery.
- vi) **Infection** – this may require further surgery and/or the use of antibiotics.
- vii) **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.
- viii) **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.
- 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) **Stiffness:** Because of the amount of force needed to break the heel initially, even if your fracture heels properly, your foot may never be the same as it was before the injury. You may continue to experience stiffness and you may need to wear a heel pad, lift, or cup as well as special shoes with extra depth in the toe compartment.

PATIENT CONSENT

I acknowledge that Dr Simon Journeaux has explained my medical condition and the proposed procedure to me. I 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 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 this procedure and you understand what it fully means to you. Please read carefully the following statements about a fractured calcaneum 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 agree to the above procedure being performed. I also request the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with having this procedure. I 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 name) _____ of, (address) _____

Please initial the following statements:

- X..... understand why it is necessary to have my fractured Calcaneum repaired.
- X..... understand the potential benefits, risks and possible complications of of this 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 for me.
- X..... have had all my concerns about the procedure explained.
- X..... feel informed about having this surgery.

Patient signature:.....

Dr Simon F Journeaux signature:.....