

SURGICAL CONSENT FOR FRACTURED FEMUR

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

RIGHT/LEFT FRACTURED FEMUR

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) **Non-Healing of the fracture** which may require another operation and/or bone graft.
- ii) **Pain at the wound** in the buttock (the nail insertion site).
- iii) **Bone forming in the muscles** of the operated hip causing stiffness of the hip. This may require further surgery.
- iv) **Pain and stiffness in the knee.** This may be permanent.
- v) **The nail and/or screws used to repair the hip may break off.** These may have to be removed with further surgery.
- vi) **The nail may have to be removed at some stage.**
- vii) **Deformity of the bone with rotation and/or bending of the hip bone causing a limp.** This may be permanent.
- viii) **Shortening or lengthening** of the fractured leg.
- ix) **Numbness and/or weakness** due to nerve injury. This may be permanent.
- x) **Injury to blood vessels.** This may require further surgery.
- xi) **Infection-** this may require the use of antibiotics and/or further surgery.
- xii) **Deep Vein Thrombosis.** Blood clots in the leg vein are the most common complication. Thrombosis prevention in my practice includes regional anaesthesia, early mobilization, foot pumps in combination with a chemical injection. Occasionally a clot can break off and travel to the lung – a rare cause of sudden death after surgery.
- xiii) **Breakage and Loosening of screws.** This may require further surgery.
- xiv) **The bones may not knit properly.** This may require further surgery and removal of the plate and screws.
- xv) **Numbness may occur at the site where the tourniquet was placed** due to nerve and muscle damage caused by the tourniquet. This may be temporary or permanent.
- xvi) **The breakdown of the skin under the tourniquet** which may require further dressings and/or surgery.
- xvii) **Infection-** this may require further surgery and/or the use of antibiotics.
- xviii) **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.
- xix) **Wound numbness:** This may occur and usually has no long term implications.
- xx) **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.

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 a Fractured Femur and you understand what it fully means to you. Please read carefully the following statements about this procedure that **Dr Simon 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)

- X..... **understand why it is necessary to have this procedure.**
- X..... **understand the potential benefits, risks and possible complications 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 Right / Left Fractured Femur Repaired.**

Patient signature:.....

Dr Simon F Journeaux signature:.....