

## SURGICAL CONSENT FOR FRACTURED NECK OF FEMUR

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

### RIGHT/LEFT INTRAMEDULLARY HIP SCREW

I have discussed the following issues, risks with the patient and next of kin.

**General Risks of Procedure:** These include:

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

**Common Risks of Procedure (2-5%):**

- i) **Deep Vein Thrombosis:** Blood clots in the leg vein are the most common complication. It may present as a red, painful, swollen leg. 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 cause of sudden death after surgery.
- ii) **Infection:** Wound infection may require antibiotics or further surgery and can leave you with a poor result.
- iii) **Bleeding & Blood Loss:** This can either be an acute problem requiring a blood transfusion or a return to theatre if severe.
- iv) **Pain:** Your hip will be sore after the operation and usually it will improve with time. Rarely pain will become a chronic problem however it may occur due to altered leg length or other complications.

**Less common risks of Procedure (<1%):**

- i) **Altered leg length:** the leg which has been operated on may appear longer or shorter than the other. This may require a further operation to correct the difference.
- ii) **Altered wound healing:** Numbness around the scar may occur or the wound may become red, thickened and painful.
- iii) **Hip stiffness:** may occur after the operation, especially if movement post operation is limited.

- iv) **Failure of fixation:** This can occur if the bone does not heal properly or the quality of your bone is poor (osteoporosis). It can also occur if there have been technical issues at surgery. A re-operation is normally required if this occurs. This is normally some weeks/ months after the original surgery.
- v) **Rotational deformity:** This can cause/contribute to an abnormal gait.
- vi) **Injuries to the nerves or arteries of the leg** is a very rare complication.
- vii) **Wound haematoma:** This occasionally requires a re-operation to drain the collected blood to stop the wound leaking or from becoming infected.

## PATIENT CONSENT

I acknowledge that Dr Simon Journeaux has explained my medical condition and the proposed procedure to me and my next of kin. 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 this procedure surgery 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 or next of kin name)

of, (address)

Please initial the following statements:

- X..... **understand why it is necessary to have an operation on my fractured neck of femur**
- X..... **understand the potential benefits, risks and possible complications of surgery for a fracture of the neck of femur.**
- 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 operation.**

Patient or Next of Kin signature:

Dr Simon F Journeaux signature: