

SURGICAL CONSENT FOR MANIPULATION UNDER ANAESTHETIC OF ANKLE

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

MUA OF LEFT/RIGHT ANKLE

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

General Risks of Procedure: These include:

- a) **Risks from a general anaesthetic.**

Specific Risks of Procedure:

- i) **Thrombosis.**
- ii) **Plaster problems.** This can range from a tight plaster to areas of rubbing.
- iii) **Compartment syndrome.** This is where there is raised pressure within the leg which is normally relieved by splitting the plaster.
- iv) **Abnormal pain response.**

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 treatment of a fractured Foot 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 agree to the above procedure being performed. I also request the administration of anaesthetics, medicines, 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 ankle operated on.
- 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 fractured ankle surgery.

Patient

signature:.....

Dr Simon F Journeaux

signature:.....