

## SURGICAL CONSENT FOR FRACTURED PATELLA

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

### OPEN REDUCTION & INTERNAL FIXATION OF RIGHT/LEFT FRACTURED PATELLA FRACTURE

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 obese people of wound infection, chest infection, heart & lung complications.
- d) Increased risk in smokers of wound and chest complications, heart & lung complications, and thrombosis.
- e) Heart complications.
- f) Small risk of death.

**Specific Risks of Procedure:**

#### Common Risks (2-5%)

- i) **Pain.** This is common after the procedure. Every effort will be made to keep you comfortable. It is important to keep the arm elevated after the procedure to reduce the swelling and pain that may occur.
- ii) **Scarring.**

#### Rare Risks (<1%)

- i) **Infection.** This may require further surgery and/or the use of antibiotics.
- ii) **Failure of fixation.** This may or may not require another operation to deal with the problem.
- iii) **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.
- iv) **Wound numbness:** This may occur and usually has no long term implications.
- v) **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.
- vi) **Bleeding.**
- vii) **Neurovascular damage.** There are many important nerves and blood vessels that run past the elbow. These can be damaged during the operation. This may leave numbness or weakness in the arm below the elbow.
- viii) **Delayed/non-union.** This may happen because the bone is damaged, the bone is of poor quality or the bone is not adequately fixed
- ix) **Post traumatic osteoarthritis.**

**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 olecranon 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, 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 patella 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 fracture surgery.

Patient signature:.....

Dr Simon F Journeaux signature:.....