

SURGICAL CONSENT FOR FRACTURED PHALANX

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

OPEN REDUCTION & INTERNAL FIXATION OF LEFT THUMB PHALANX

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

General Risks of Procedure: These include:

a) **Risks of GA**

Specific Risks of Procedure:

- i) **The surgery may fail and the bones may not fuse properly.** If this occurs then another operation may be needed.
- ii) **Tendon/nerve damage.**
- iii) **The screws/plate/wires may break.** This may or may not require another operation to remove the screws/plate.
- iv) **Infection.** This may require further surgery and/or the use of antibiotics.
- v) **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.
- vi) **Wound numbness:** This may occur and usually has no long term implications.
- vii) **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.
- viii) **Finger/thumb stiffness.**

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 ulna 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 finger/thumb 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:.....