

SURGICAL CONSENT FOR PROPHYLACTIC NAILING OF FEMUR

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

RIGHT/LEFT PROPHYLACTIC NAILING OF 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.

Common Risks of Procedure (2-5%):

- i) **Pain:** There will be some pain after the operation. This may be around the wound site, the fracture site or at the ankle or knee. The pain will decrease over the next few weeks as the bone heals and the swelling decreases. Very rarely, pain may continue. This may be due to failed fixation in which case another operation may have to be performed.
- ii) **Bleeding:** There will be some bleeding. This is usually minimal and can be stopped at the time of the operation. Very occasionally a blood transfusion may be necessary.
- iii) **Infection:** The wound site may become red, swollen and painful. There may also be discharge. If this occurs, antibiotics may need to be given. If the metal inserted into your leg becomes infected, it may need to be removed and antibiotics administered. In extreme cases very severe infections may require the leg to be amputated.
- iv) **Numbness:** The skin around the wound sites may be temporarily or more permanently numb.

Less Common Risks of Procedure (1-2%):

- i) **Stiffness of the Joints Around the Fracture:** may occur and may require vigorous physiotherapy.
- ii) **Stiffness:** Osteoarthritis may occur at the joints near the fracture site. This may require vigorous physiotherapy and or repeat surgery.
- iii) **Fat Embolus:** The fat in the middle of the bone(marrow) may spread to the blood

and eventually the lungs during manipulation or during the break. This can cause severe breathing problems and even death.

- iv) **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.
- v) **Catheterisation:** you may have difficulty passing urine after the operation and tube may be needed to be passed into your bladder. This is usually temporary.
- vi) **Delayed Surgery:** this may be necessary as the swelling at the initial time of surgery may be too great to proceed.

Rare Risks of the Procedure(<1%);

- i) **Compartment Syndrome:** This occurs when there is a build up of pressure within the leg and can cause pain, nerve damage, blood vessel damage. If this occurs, an emergency operation will have to be performed to prevent death of the tissue of the lower leg or foot.
- ii) **Non-Healing of the fracture** which may require another operation and/or bone graft.
- iii) **The nail may have to be removed at some stage.** Sometimes, the nail can be removed to allow greater movement once the bone has healed.
- iv) **Abnormal wound healing:** The scar may become thick, red and painful.
- v) **Deformity of the Leg:** The bone may not heal in its intended alignment. This may require physiotherapy or further operation (including removal of the nail).
- vi) **Delayed or non-union of Fracture:** This is when the bone ends do not unite adequately. A further operation may be required.
- vii) **Altered Leg Length:** The leg which has been operated upon may appear shorter or longer than the other. This may require a further operation to correct the difference or physiotherapy.

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 Prophylactic nailing of 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 Femur nailed.**

Patient
signature:.....

Dr Simon F Journeaux
signature:.....