

SURGICAL CONSENT FOR FRACTURED TIBIAL PLATEAU.

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

OPEN REDUCTION & INTERNAL FIXATION OF LEFT/RIGHT TIBIAL PLATEAU WITH BONE GRAFT FROM ILIAC CREST

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 complications including abnormal rhythms and heart attack.
- f) Small risk of death.

Common Risks of Procedure (2-5%):

- i) **Pain:** There will inevitably be some pain after the operation. This may be around the wound sites, the fracture site or at the knee. Pain will decrease over the next few days to weeks as the bone heals and the swelling decreases. Very rarely pain may continue.
- ii) **Bleeding:** There will be some bleeding. This is usually minimal and can be stopped at the time of operation. Occasionally a blood transfusion or iron tablets may be necessary.
- iii) **Infection:** The wound site (s) may become red, swollen and painful. If this occurs antibiotics may need to be given. If the metalwork becomes involved, it may be removed. There may be spread of the infection to blood or bone (sepsis). Again antibiotics may be necessary. Extremely rarely, very severe local infections may require the leg to be amputated.
- iv) **Wound numbness:** This may occur and usually has no long term implications. It can be permanent.
- v) **Joint stiffness:** This will require vigorous physiotherapy.
- vi) **Knee weakness +/- instability:**
- vii) **Post traumatic osteoarthritis:**
- viii) **Failure to achieve optimal result in terms of the fixation:**

Less common risks of procedure (1-2%):

- ix) **Fat embolus:** The fat in the middle of the bone (marrow) may spread to the blood and eventually the lungs during manipulation. This can cause severe breathing problems and even death.
- x) **Blood clots:** A DVT (deep vein thrombosis) is blood clot in a vein. These may present as a red, painful and swollen legs. The risks of developing a DVT are

greater after any surgery (and especially bone surgery). Although not a problem themselves a DVT can pass in the blood stream and be deposited in the lungs (a pulmonary embolism - PE). This is a very serious condition which affects your breathing. You will have anti DVT prophylaxis to try and limit the formation of a DVT.

- xi) Catheterisation:** It is likely you will have a catheter in you bladder after surgery to help you void.
- xii) Removal of metalwork:** May be necessary if it becomes infected or painful or damages the skin.
- xiii) Deformity of leg:** The leg may not heal in the intended alignment. This may require further remedial surgery in the future.
- xiv) Delayed or non union of the fracture:** A bone graft or further surgery may be required for this.

Rare risks of the procedure (<1%):

- xv) Compartment syndrome:** This is a build up of pressure within the lower leg. This can cause pain, nerve damage, blood vessel damage and muscle damage. If this occurs, an emergency operation will have to be performed to prevent death of tissue of the lower leg/foot.
- xvi) Complications can occur from the tourniquet** with numbness of the nerves and damage to the skin/muscles where the tourniquet was placed. This is usually temporary.
- xvii) The breakdown of the skin in the area of the wound** which may require further dressings and/or surgery and skin grafting
- xviii) Numbness or weakness and stiffness** of the knee or ankle.
- xix) Breakage and Loosening of Screws.** If this occurs another operation may need to be performed to remove these.
- xx) Infection** – this may require further surgery and/or the use of antibiotics.
- xxi) The bone not healing** requiring re-operation and/or bone graft.
- xxii) Deformity** i.e. a bend of the bone which sometimes is permanent and occasionally requires re-operation.
- xxiii) Removal of the plate or nail** may be necessary later.
- xxiv) 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.
- xxv) 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.

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 fractured Tibial plateau 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 Tibial Plateau Fracture fixed.

Patient
signature:.....

Dr Simon F Journeaux
signature:.....

