

## SURGICAL CONSENT FOR FRACTURED WRIST

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

OPEN REDUCTION & INTERNAL FIXATION OF RIGHT/LEFT FRACTURED WRIST +  
BONE GRAFTING + APPLICATION OF EXTERNAL FIXATOR

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 attack.
- f) Small risk of death.

**Common Risks of Procedure (1 -5%)**

- i) **Pain:** your wrist will be sore after the operation. Elevating your arm will assist to decrease pain and swelling.

**Rare Risks of Procedure (< 1%) :**

- i) **The surgery may fail and the bones may not fuse properly.** If this occurs then another operation may be needed.
- ii) **The plate may break.** This may or may not require another operation to remove the plate.
- iii) **Tendon rupture.** This may require further surgery to put right.
- iv) **Stiffness of wrist.** This can be permanent.
- v) **Infection.** This may require further surgery and/or the use of antibiotics. If an External Fixation Device is used then there is increased risk of developing an infection at the pin sites.
- vi) **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.
- vii) **Wound numbness:** This may occur and usually has no long term implications.
- viii) **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.
- ix) **Neurovascular Damage:** the blood vessels and nerves around the wrist may become damaged. This might lead to numbness or weakness of the muscles. This is usually temporary however in very rare cases it may become permanent.

- x) **Compartment Syndrome:** This is a build up of pressure within the forearm and cause pain, nerve damage, blood vessel damage and muscle damage. If this occurs an emergency operation will have to be performed
- xi) **Arthritis:** Stiffness at the wrist or elbow may occur despite adequate reduction. Arthritis is be more common if the fracture involves the joint
- xii) **Swelling:** it can take up to 6 months for the swelling to go down and in some cases there is permanent swelling.

**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 wrist 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 following statements:

- X..... **understand why it is necessary to have my fractured wrist 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 wrist surgery.**

Patient signature:.....

Dr Simon F Journeaux signature:.....