

Informed Consent for Ankle Fracture Fixation

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition
 The doctor has explained that I/my child/myhave the following medical condition:

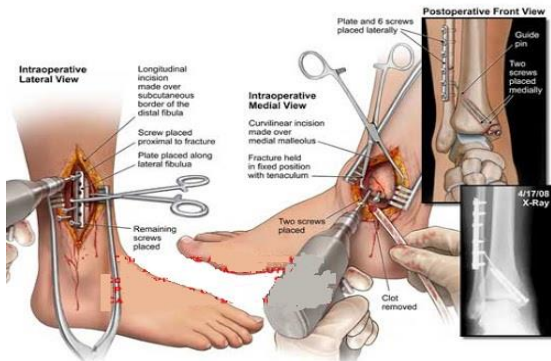
 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

 I authorise Dr. and his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

Introduction

The ankle is made up of three bones:

- Tibia (shin bone), which forms the inside, front and back of the ankle.
- Fibula, which forms the outside of the ankle.
- Talus, a small bone that sits between the tibia and fibula and the heel bone.



The ends of these bones are called malleoli. The tibia has a medial (inside) malleoli and a posterior malleoli. The fibula forms the lateral (outside) malleoli. An ankle fracture occurs when the malleoli are broken.

The doctor will administer regional anaesthesia. The surgery will be done to repair the ankle in which the fixation of the ankle fracture on the inside of the ankle or the outside of the ankle or both will be performed. The bones will be held together with screws and plates or occasionally with wires and staples.

Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Benefits (To be documented by doctor)

- To restore stability
- To provide pain relief
- To maintain full active range of motion
- To decrease the risk of developing arthritis of the ankle

- Others, if any specify:

Alternatives (To be documented by doctor)

Some ankle fractures may be left in a plaster cast for it to set by natural bone healing. But your surgeon may feel that it would be best treated with an operation. You may of course seek a second opinion.
 However, if some bones are not fixed properly in the plaster cast, then they may cause delayed bone healing or malunion and this may cause long term pain, disability and arthritis.
 Others, if any specify:

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General and Specific Risks (To be documented by doctor)

- Stiffness and pain. Stiffness and osteoarthritis may continue. This may require vigorous physiotherapy and/or repeat surgery
- Removal of metalwork: This may be necessary if it becomes infected or painful or damages the skin. Similarly, the metal work can be removed for better comfort and movement. If a syndesmotic screw (called a diastasis) is placed, then it is usually removed around 12 weeks after the initial operation.
- Numbness associated with the use of tourniquet with nerve and muscle damage at the site where the tourniquet was placed. This may be temporary or permanent.
- Skin death under the tourniquet, which may require further dressings and / or surgery and skin grafting.
- Damage to nerves and/or blood vessels. This may require further surgery.
- Risk of infection in the bone and/or wound. This may require further surgery and/ or treatment with antibiotics.
- Amputation of the affected leg.
- Abnormal pain response to surgery with worsening of pain and disability.
- The surgical incision may cause changes to the sensation and colour of the limb.

- Infection: Superficial or deep
 - Traumatic arthritis
 - Bleeding
 - Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
 - In obese people, there is an increased risk of wound infection, chest infection, heart and lung complications and thrombosis.
 - Cardiac arrest or stroke could occur due to the strain on the heart.
 - Deep vein thrombosis (DVT) causing pain and swelling.
 - Death
- Others, if any specify:

Patient Specific Risks (To be documented by doctor)

- 1)
- 2)
- 3)
- 4)
- 5)

Specific Notes Related to Procedure (Strike out if not required)
Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)

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Patient's Authorisation

- The doctor has explained my medical condition and proposed operation. I am now aware of the intended benefits, possible risks and complications and available alternatives to the said operation.
- The doctor has explained other relevant/alternate treatment options and their associated risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
- I am also aware that results of any operation can vary from patient to patient and I declare that no guarantees have been made to me regarding success of this operation.
- I am aware that while majority of patients have an uneventful operation and recovery, few cases may be associated with complications. I am aware of the common risks and complications associated with this operation listed above and understand that it is not possible to list all possible risks and complications of any operation.
- I also understand that sometimes a planned operation may need to be postponed or cancelled if my clinical condition worsens or due to any unforeseen technical reason.
- I understand that if medical exigencies demand, further or alternative operative/procedural measures may need to be carried out, and in such case there may be difference in the planned and actual operation.
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
- I am also aware of the expected course after the operation and the care to be provided and understand that sometimes admission to intensive care unit and/or extension of duration of hospitalisation may be required and/or there may be requirement of extra medicines or treatments, thereby leading to increase in the treatment expenses, depending upon the body's response to the treatment/procedure.
- I am now also aware that during the course of this operation the doctor will be assisted by medical and paramedical team and that the doctor may seek consultation/assistance from relevant specialists if the need arises.
- I authorise the hospital for the disposal of any tissue or body part that may be removed from my body in the appropriate manner during and for the purpose of conducting this operation.

- I agree to observing, photography (still/video/televising) of the procedure (including relevant portions of my body) including my diagnosis/reports (pathology, radiology etc) for academic/medical/medico-legal purposes/scientific publications, provided my identity is not revealed/disclosed by such acts. Yes No
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. Yes No

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

Declaration by the Doctor

I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.

Name and Signature of the Doctor with Reg No:

Date and Time: