

Informed Consent for Ankle Ligament Repair

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
 Ankle ligament repair is a surgical procedure to repair the torn ligaments of ankle and to restore joint stability. The procedure will be performed under regional anaesthesia.
 The doctor will make an incision (cut) along the outer bony prominence of your ankle.
 A careful dissection will be carried out to identify soft tissue structures including the extensor retinaculum, anterior talofibular ligament (ATFL) and the calcaneofibular ligament (CFL).
 The ATFL is responsible for much of the ankle instability and will be repaired during the surgery. If the CFL is torn, then the doctor will repair it. Sometimes, the doctor will use a synthetic ligament to reinforce repair.
 To repair the ligaments, the doctor will fix suture anchors to the lateral malleolus.
 The sutures will then be passed through free ends of the ATFL and CFL ligaments and tied down to secure them at the attachment site.
 The extensor retinaculum will then be sutured to the outer layer of bone on the fibula for added stability.
 The doctor will perform an ankle exam to ensure stability of the repair and the joint.

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)	Alternatives (To be documented by doctor)	
<ul style="list-style-type: none"> • Pain relief • Reduced stiffness and improved joint movement • Increased walking ability • Reduced chances of developing arthritis 	<ul style="list-style-type: none"> • Others, if any specify: 	
General and Specific Risks (To be documented by doctor)	Patient Specific Risks (To be documented by doctor)	
<ul style="list-style-type: none"> • Infection • Excessive tightness or instability. • Nerve damage, which may cause pain around the site of the scar and/ or altered sensation in the foot. • The surgery may not work. This may cause the ankle to give way repeatedly and/ or instability of the ankle. • Delayed wound healing and painful scar. 	<ul style="list-style-type: none"> • Abnormal pain response to surgery with worsening of pain and disability. • Cardiac arrest or stroke could occur due to the strain on the heart. • Deep vein thrombosis (DVT) and pulmonary embolism. 	1) 2) 3) 4)

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- The surgical incision may cause changes to the sensation and colour of the limb.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs.
- Small areas of the lung can collapse, increasing the risk of chest infection.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.

- Death
- Others, if any specify:

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)
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 am aware that I may require administration of blood/blood products during or after the operation/procedure as found necessary by the doctor (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

Hospital Logo

Patient Identification Label

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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:	