

Informed Consent for Fractured Humerus

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

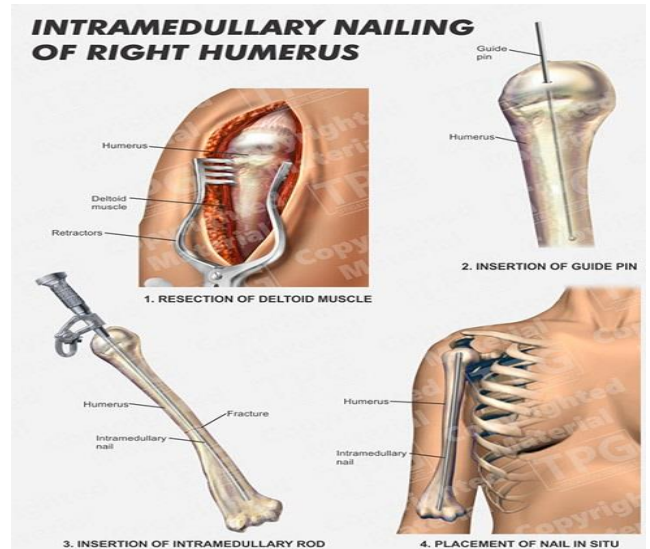
The humerus is the long bone in the upper arm. It extends from the shoulder to elbow, where it joins with the ulna and radius bones of the forearm. A humerus fracture refers to any break in this bone.

There are three types of humerus fracture, depending on the location of the break:

- Proximal humerus fracture is a break in the upper part of your humerus near the shoulder.
- Mid-shaft fracture is a break in the middle of the humerus.
- Distal humerus fractures occur near the elbow. This type of fracture is usually a part of a more complex elbow injury and it sometimes involves loose bone fragments.

The humerus fracture surgery will be done under general or regional anaesthesia.

During the surgery, the doctor will place intramedullary nails with crossing screws and/or plate and screws/K-wire/Pins or manipulation over the broken section of the humerus.



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)

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General and Specific Risks (To be documented by the doctor)	Patient Specific Risks (To be documented by the doctor)
<ul style="list-style-type: none"> • Bleeding • Infection • Failure of Implant: The screw/nail/plate may fail leading to malunion or non-union of bones • Shoulder and elbow stiffness • Skin death can occur under the tourniquet used in the operation. This may require further dressings and/or surgery and skin grafting. • Numbness may occur at the site where the tourniquet was placed due to nerve and muscle damage, caused by the tourniquet. This may be temporary or permanent. This may require further surgery. • Damage to nerves and/or vessels can occur during surgery. This may or may not be permanent. This may require further surgery. • There can be permanent numbness and/or weakness in the forearm and wrist and hand following surgery. • Build-up of pressure in the muscle compartment, which can require re-operation. • Damage to the vessels requiring repair. • Inability to close the edges of the wound together. This may require skin grafts. • The bones do not unite properly. This may require further surgery and/or bone graft. • The bone may heal with a bend and/or alignment. • Inability to stretch out the wrist, fingers, thumbs. Further surgery may be needed to correct this. 	<ul style="list-style-type: none"> • 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. • In some people, healing of the wound may be abnormal and the wound can be thickened and red and the scar may be painful. • 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. • Others, if any specify:
<p>Specific Notes Related to Procedure (Strike out if not required)</p>	<p>Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)</p>

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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:
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