

Informed Consent for Knee Replacement

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:

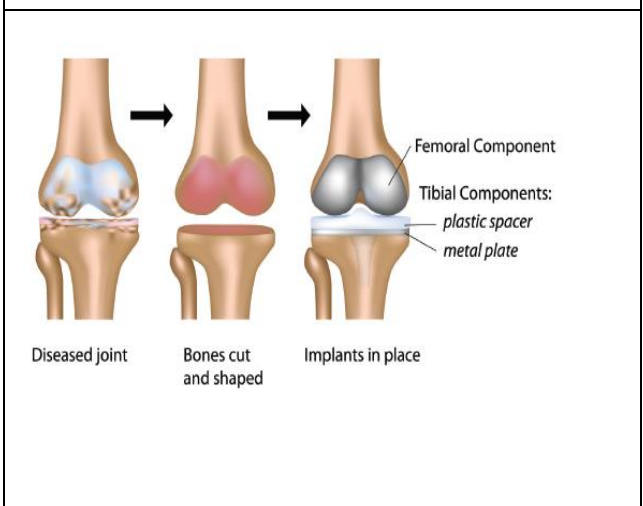
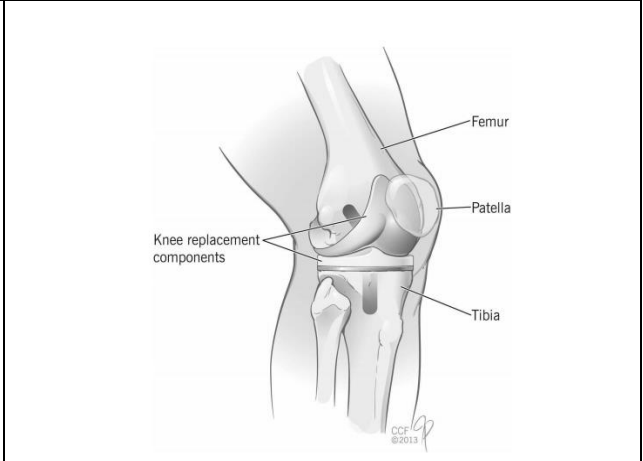
 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

 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 knee is a 'hinge joint'. It is made up of three bones in a hinge formation:

- Patella (kneecap)
- End of the femur (thigh bone)
- Top of the tibia (shin bone)

In a healthy knee, the cartilage covers the surface of the bones in the knee joint and lets you move smoothly and without pain.
 A total knee replacement is a surgical procedure, wherein the unhealthy or damaged bone will be removed and replaced with an implant.
 The surgeon will choose the implant based on factors like your age, activity level, body type and the amount and strength of your bone and bone tissue. You will be given general anaesthesia. A tight inflatable band (a tourniquet) may be placed across the top of your thigh to limit the bleeding. Your skin will be cleaned with antiseptic solution and covered with clean towels (drapes). The surgeon will make an incision (cut) down the affected side of the knee.
 The knee capsule (the tough, gristle-like tissue around the knee) which is then visible will be cut. From here, the surgeon will trim the ends of the thigh bone (femur) and leg bone (tibia) using a special bone saw. Using measuring devices, the new artificial knee joints will be fitted into position. These implants have an outer alloy metal casing with a "polyethylene" bearing which will sit on the tibia. After the surgeon is satisfied with the position and movements of the knee, the surgeon will close the tissue and the skin. This may be done with stitches (sutures) or metal clip (skin staples). The clips and stitches will need to be removed around 10 days after the operation. Drains may be used and if so can be pulled out easily in the ward in a day or two. When you wake up, you will have a padded bandage around the knees.
 A partial knee replacement is another type of knee replacement. You may be a candidate for a partial knee replacement if only one side or compartment of the joint is damaged and there is limited deformity.



Procedure Name: Left Medial Partial Right Medial Partial

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 • Improved joint movement • Increased walking ability 	Non-Surgical <ul style="list-style-type: none"> • Lifestyle modifications like weight loss and avoiding aggravating activities • Physical therapy 	Surgical <ul style="list-style-type: none"> • Arthroscopic surgeries • Osteotomy

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<ul style="list-style-type: none"> Improved alignment of deformed joints Others, if any specify: 	<ul style="list-style-type: none"> Anti-inflammatory medications Corticosteroid injection Joint fluid therapy Applying knee braces Walking aids such as cane or walker Others, if any specify: 	<ul style="list-style-type: none"> Minimally invasive knee replacement Others, if any specify:
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Risks (To be documented by doctor)			Patient Specific Risks (to be documented by doctor)
<ul style="list-style-type: none"> Pain Bleeding Deep vein thrombosis Knee stiffness 	<ul style="list-style-type: none"> Superficial or deep infection that may be treated with antibiotics/wound debridement/revision surgery. Implant wearing and loosening 	<ul style="list-style-type: none"> Pulmonary embolism Altered wound healing Altered leg length: Equal leg length following surgery is always attempted. But some variation is common. Usually this is not noticeable but on rare occasions, the heel and the sole of one or the other of the shoe may need to be raised or further operation can be performed to correct this. Joint dislocation Nerve damage Bone damage Blood vessel damage Death Others, if any specify: 	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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<p>Patient's Authorisation</p> <ul style="list-style-type: none"> 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.
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- 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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