

Informed Consent for Open Reduction & Internal Fixation of Olecranon

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 elbow is a hinge joint. The olecranon is the upper part of the ulna (a forearm bone). It is a part of the hinge joint. The surgery to treat a broken olecranon will be performed under general anaesthesia (where you will be asleep) and/or a local block (i.e. where you are awake but the area to be operated is completely numbed).
 A tight inflatable band (tourniquet) will be wrapped around your upper arm to limit the amount of bleeding. The skin will be cleaned with antiseptic fluid and surgical drapes (towels) will put around the elbow.
 The surgeon will make an incision (cut) usually down the back of the elbow. This will allow access to the broken bone. When the bone is put back to a position (as close to normal as possible), the surgeon will try and hold them with a plate and screws.
 X-rays will be taken throughout the operation. When the fixation is done, the skin will be closed with surgical stitches (sutures). The sutures may be under the skin (these will dissolve with time) or above the skin (these will need to be removed within 10 to 14 days of surgery).
 The arm will be placed in a half-cast at the end of the operation.

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"> To reduce pain and swelling To reduce the chance of long-term damage and loss of function in the elbow. Others, if any specify: 	<p>Non-surgical</p> <ul style="list-style-type: none"> All broken bones can be left without an operation and treated by resting in a cast. However, they may not set in the right position or may not join at all. Others, if any specify:

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General and Specific Risks (To be documented by doctor)	Patient Specific Risks (To be documented by doctor)
<ul style="list-style-type: none"> • Pain • Scar: The operation will leave a thin scar on the back of the elbow. • Infection: Redness, discharge or temperature around the wound. • Bleeding: There will inevitably be some bleeding, but this is usually controlled at the time of operation. • Neurovascular damage: Many important nerves and blood vessels that run past the elbow might get damaged during the operation. This may lead to numbness or weakness in the muscles below the elbow. 	<ul style="list-style-type: none"> • Delayed/Non-union of bones • Hypertrophic/ keloid scar: These are scars which grow excessively (within the wound margin and beyond respectively). These scars may be treated with steroid injection or surgically, if necessary. • Delayed wound healing: It may occur if the wound is under tension, infected or short of blood supply. • Fat necrosis: This is also a cause of delayed wound healing. • 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>
<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. ▪ 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. 	

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- 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:
<p>Declaration by the Doctor</p> <p>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.</p>				
Name and Signature of the Doctor with Reg No:			Date and Time:	