

Informed Consent for ORIF/Partial/Total Patellectomy

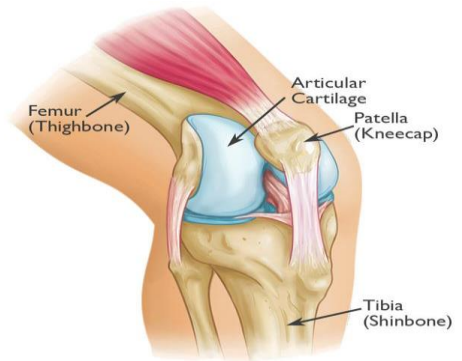
Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

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 patella is a small bone located in front of the knee joint — where the thighbone (femur) and shinbone (tibia) meet. It protects the knee and connects the muscles in the front of the thigh to the tibia.
 The ends of the femur and the undersides of the patella are covered with a smooth substance called articular cartilage. This cartilage helps the bones glide easily along each other as you move the knee.
 A fractured patella procedure is the surgical repair of your kneecap using screws and wires or possible removal of the knee cap. The procedure will be done under regional anaesthesia.



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"> Alignment of fracture Prevention of arthritis of knees Early mobilisation of knee Maintenance of knee strength Others, if any specify: 	<p>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. The surgeon may consider the fracture is severe enough to need an operation.</p> <p>Others, if any specify:</p>

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: Operation will leave a thin scar down the middle of the knee. Backing out of wires: The wires used to hold the broken bone in position have a habit of backing out. If they start to irritate the skin or cause infection, they can be easily removed. The wire can also become prominent. Stiffness: The knee may not move as freely as it did before. Recurrent infection. This will require antibiotics. 	<ul style="list-style-type: none"> Fat necrosis: This is also a cause of delayed wound healing. Neurovascular damage: There are no major nerves and blood vessels that run past the kneecap. However, the incision may lead to numbness at the front of the knee. Delayed/Non-union: This may happen because the wound is damaged. The bone might be of a poor quality or the bone may not have been adequately fixed or for unknown reasons. It may require another operation in the future. 	<ol style="list-style-type: none"> 1) 2) 3) 4) 5)

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- Inflammation can develop underneath the kneecap resulting in arthritis of the knee. This may require drugs for treatment.
- The screws and wires may need to be removed. This may require further surgery.
- The surgical incision may cause changes in the sensation and colour of the limb.
- Keloid: In some people, healing of the wound may be abnormal and the wound can be thickened and red and the scar may be painful.
- Delayed wound healing may occur if the wound is under tension, infection or short of blood supply.
- Bleeding could occur and may require a return to the operating room.

- 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 in obese people 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:

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 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

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:
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