

Informed Consent for Tennis Elbow Release

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:

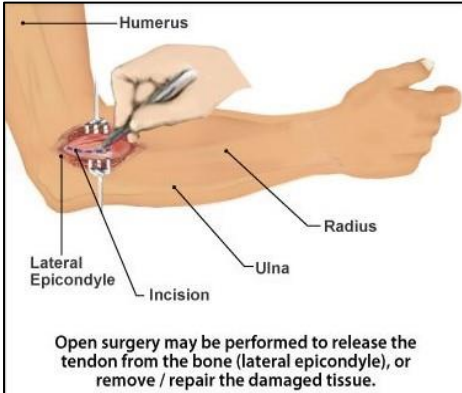
 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

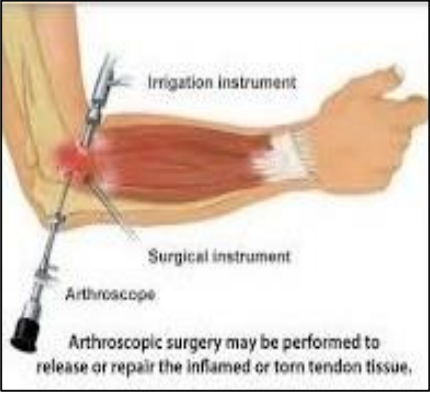
 I authorise Dr. and his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

Introduction
 Tennis elbow is swelling and pain in the elbow. It is caused by damage to the tendons in the arm that connect the muscles to the elbow bone.
 The surgery for tennis elbow is done to remove the damaged tendon to ease pain and to move the elbow easily. It is performed under general anaesthesia and will be completed within 30 minutes.
 The surgery can be done in one of the two ways:

- **Open surgery:** The surgeon will make an incision (cut) above the bone on the side of the elbow. And remove the damaged piece of tendon and re-attach the healthy part back to the bone. The surgeon might also remove a tiny piece of bone from the elbow to improve blood flow and to facilitate faster healing.
- **Arthroscopic surgery:** During this procedure, the surgeon will make a few tiny incisions in the skin over the elbow. And through these incisions the surgeon will place very small instruments and a camera. This will help in visualising the tendon more clearly. The surgeon will remove the damaged parts of the tendon.

With either type of surgery, the opening will be closed with sutures (a row of stitches) or staples and covered with a bandage or other dressings.





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).

<p>Benefits (To be documented by doctor)</p> <ul style="list-style-type: none"> • To decrease pain and improve the symptoms. • Others, if any specify: 	<p>Alternatives (To be documented by doctor)</p> <p>Non-Surgical</p> <ul style="list-style-type: none"> • Resting the elbow and cold application will help in reducing the inflammation (swelling). • Physical therapy • Anti-inflammatory medications for pain relief • Corticosteroid injection • Applying braces over the elbow • 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 Infection Hypertrophic/ keloid scar: These are scars which grow excessively (within the wound margin and beyond respectively). 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 Delayed return to activity 	<ul style="list-style-type: none"> Nerve damage: There are very few major nerves around the elbow. Rarely, you may experience numbness around the scar site Decreased function: You may never have as much strength, movement or function as you once had before surgery. Posterolateral elbow instability: This results from injury to the ligaments leading to elbow been less stable. Others. if any specify: 	<ol style="list-style-type: none"> 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)
Patient's Authorisation <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. 		
<ul style="list-style-type: none"> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No For purposes of advancing medical education, I consent to the admittance of observers to the operating room. <input type="checkbox"/> Yes <input type="checkbox"/> 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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