

ANKLE/HINDFOOT ARTHROSCOPY CONSENT FORM

RESPONSIBLE HEALTH PROFESSIONAL:

.....
JOB TITLE:
.....

NAME:

DATE OF BIRTH:

HOSPITAL NUMBER:

AFFIX PATIENT IDENTIFIER/LABEL

PROCEDURE

The surgeon has explained that the arthroscopy procedure will be performed on:

- ANKLE ARTHROSCOPY
 POSTERIOR HINDFOOT ARTHROSCOPY
 SUBTALAR ARTHROSCOPY
- LEFT RIGHT BOTH

This procedure involves inserting a small camera and instruments into the joint through small incisions in the skin. This allows for the surgeon to obtain diagnostic information and/or to treat any lesions.

EXTRA PROCEDURES – that may be necessary during this procedure

- MICROFRACTURE
 SHAVING BONY SPUR

INTENDED BENEFITS

To obtain diagnostic information on the condition of Ankle /Subtalar Joint and/or to provide symptom relief.

ANAESTHETIC

Risks and information about the anaesthetic should have been provided during your anaesthetic risk assessment. If you have any concerns, these should be directed to the anaesthetist prior to surgery.

EW/VD

GENERAL RISKS OF ANY SURGICAL PROCEDURE

- Small area of the lung may collapse, which increases the risk of a chest infection.
- Clots in the legs may form (Deep Venous Thrombosis) which have the potential to break off and travel to the lungs, causing a pulmonary embolus.
- Stress of surgery can cause a heart attack or stroke.
- Immediate life-threatening events may occur during any surgical procedure, which may require life saving interventions.
- Increased risk of wound infection, heart and lung complications, and thrombosis are associated with **OBESITY** and/or **SMOKING**.

COMMON RISKS OF ANKLE/HINDFOOT ARTHROSCOPY

The surgeon has informed me of the proposed procedure, risks involved; post operative rehabilitation and the likely outcomes.

- Small incisions (cuts) are made over the outer-side or front and on the inside or back of the ankle, which in very rare cases may become infected. This may require antibiotics or further surgery to resolve.
- Following the surgery, occasionally there may be some persistent bleeding or leakage of fluid from the small cuts. This may require further surgery
- Swelling is common after foot and ankle surgery and usually improves with time.
- Nerves that run across the ankle joint may be damaged during surgery, which may result in loss

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of sensation to the foot. This may be temporary or permanent.

- In some people, the healing process of the wound (scar) may be abnormal and it may become thickened and red. The scar may also be painful.
- There may be continued pain after surgery. Some patients find that their pain does not improve and in rare case, it is worse.
- There may be joint stiffness after surgery which require physiotherapy.
- There may be the need for follow-up after surgery, including the need to x-ray and additional appointments in the outpatient clinic.

PATIENT CONSENT

- ✓ The surgeon has informed me, both verbally and in written documentation, of the proposed procedure and risks involved with the above procedure; including the risks that are specific to me, and the likely outcomes. The surgeon has also explained to me the relevant treatment options that are available to me, as well as their risks, of **NOT** having the procedure.
- ✓ The doctor has explained the risks of anaesthesia and surgery, as well as the factors that increase the risks.
- ✓ I have been able to ask questions and raise concerns about my condition, the procedure, its risks and benefits, as well as other treatment options.
- ✓ I have been given adequate time to review the different options and details of the procedure, and my questions and concerns have been discussed and answered to my satisfaction.
- ✓ I have been informed that I may require Physiotherapy after surgery and weight bearing status may be restricted for 6 weeks depending on additional procedures. However, usual recovery time is 2 weeks.
- ✓ I have been informed that occasionally the surgeon may not be able to perform the whole operation through keyhole and may be forced to open the joint.
- ✓ I understand that a surgeon other than the consultant surgeon may perform the procedure and this could be a doctor undergoing surgical training.

- ✓ The doctor has explained to me that if any immediate life-threatening events happen during the procedure further interventions may be required to save my life or prevent serious harm.
- ✓ I understand that no guarantee has been made that the procedure will improve my condition, and I acknowledge that the procedure has a small risk of making the condition worse.
- ✓ I consent for x-ray images and any other imaging procedure to be performed before, during and after the procedure.
- ✓ I consent to any image of my operation, radiographic or photographic, to be used for teaching / training purposes. I understand that these will be anonymised.
- ✓ I understand that I have the right to change my mind at any time, including after I have signed this consent form.

Other specific issues:

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On the basis of the previous statements, I consent to undergo ankle/hindfoot arthroscopy of the:

LEFT RIGHT BOTH

NAME:

SIGNATURE:

DATE:

I, the Surgeon, have discussed the contents of this form with the patient, and I have addressed all of the patients concerns and expectations.

NAME:

SIGNATURE:

DATE: