

ANKLE/HINDFOOT FUSION CONSENT FORM

RESPONSIBLE HEALTH PROFESSIONAL:

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JOB TITLE:

.....

NAME:

DATE OF BIRTH:

HOSPITAL NUMBER:
AFFIX PATIENT IDENTIFIER/LABEL

PROCEDURE

The surgeon has explained that fusion (operation) will be performed to the LEFT RIGHT

- ANKLE
- SUBTALAR
- TIBIO-TALO-CALCANEAL

Using the following approach:

- OPEN
- ARTHROSCOPIC

ANKLE FUSION: This will involve fusing the tibia (shin bone) to the uppermost bone of the foot (talus), which may involve screws or other metalwork passing across the joint to maintain the position while the two bones heal together.

SUBTALAR FUSION: This will involve fusing the calcaneum (heel bone) to the uppermost bone of the foot (talus), which may involve screws or other metalwork passing across the joint to maintain the position while the two bones heal together.

TIBIO-TALO-CALCANEAL: This will involve fusing the tibia (shin bone) to the uppermost bone of the foot (talus), and the Calcaneum (heel bone). This will involve a nail passed from heel to shin bone and fixing the nail at the top and bottom with screws to maintain the position while the bones heal together.

EXTRA PROCEDURES WHICH MAY BE NECESSARY DURING THIS PROCEDURE

- BONE GRAFTING – Proximal Tibia / Iliac Crest
 - OTHER
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INTENDED BENEFITS

Pain relief and possible improved mobility, but complete loss of movement of the fused joint.

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.

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 Vein Thrombosis). These have the potential to break off and can 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.
- Death is possible with any surgical procedure
- Increased risk of wound infection, heart and lung complications, and thrombosis are associated with **OBESITY** and/or **SMOKING**.

SPECIFIC RISKS OF ANKLE FUSION PROCEDURE

The ‘ANKLE/HINDFOOT ARTHRODESIS’ patient guide has detailed information about the specifications and potential outcomes following Ankle/Hindfoot fusion surgery. **If you have not been given this information document, please ask for one.**

- Incisions (cuts) are made over the outer-side or front and on the inside of the ankle, which may

become infected. This may require antibiotics or further surgery to resolve.

- Fusion of the joint may not occur, called non-union. **SMOKING is known to be a significant risk factor for non-union.** Surgical revision of the joint fusion with bone grafting may be required.
- The two bones may not fuse in the correct position, called mal-union. In such case the foot may not rest flat on the ground.
- 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 of sensation to the foot. This may be temporary or permanent.
- Damage to blood vessels that cross over the ankle may occur during surgery; this may require further surgery to repair.
- 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.
- Occasionally metalwork may remain prominent and need removal after fusion.
- Ankle immobilisation will last for three months, may have weight bearing restrictions over this same period, including the need to x-ray and follow-up appointments in clinic.

- ✓ 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, which may include a blood transfusion.
- ✓ I understand that no guarantee has been made that the procedure will improve my condition, and I acknowledge that the procedure may make 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.

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.
- ✓ I have been given a **Patient Information Sheet on Anaesthesia**. 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.

Other specific issues:

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On the basis of the previous statements, I consent to undergo a LEFT RIGHT

ANKLE /SUBTALAR / TIBIO-TALO-CALCANEAL FUSION PROCEDURE (please circle)

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: