

FOREFOOT PROCEDURES CONSENT FORM

RESPONSIBLE HEALTH PROFESSIONAL:

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

NAME:

DATE OF BIRTH:

HOSPITAL NUMBER:
AFFIX PATIENT IDENTIFIER/LABEL

PROCEDURE

The surgeon has explained that the operation will be performed to the LEFT RIGHT foot.

Using the following procedure(s):

- First Metatarsal Osteotomy +/- Akin
- Lesser Metatarsal Osteotomy
- First Metatarsophalangeal Joint (MTPJ) fusion
- Proximal/Distal Interphalangeal Joint (PIPJ/DIPJ) fusion
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First Metatarsal Osteotomy +/- Akin: This procedure is used to treat bunions (hallux valgus) affecting the great toe. It will involve a cut on the innerside of the foot and removal of the bony lump. The bones of the great toe (metatarsal+/-phalanx) are then cut, realigned and held together with screws +/- staple.

Lesser metatarsal osteotomy: This procedure is used to treat claw or hammer toe(s) +/- joints out of position. It will involve a cut over the top of the foot and separate cuts on the toe to release the contracture (stiff soft tissues), cut the bone to shorten, locate the joint and straighten the toe. The bones will be held together by screws.

First MTPJ fusion: This procedure is used to treat arthritis/deformities in the great toe (hallux rigidus). This will involve fusing the toe to the metatarsal bone, which may involve screws+/-plate fixing the joint to maintain the position while the two bones heal together.

PIPJ/DIPJ fusion: This procedure is used to correct fixed flexion deformity of the toe. It involves cut on top of the toe resecting the joint and fusing the two bones which

involve wires to hold the two bones together. The wires are left prominent outside the skin, would be removed in 6 to 8 weeks time in the outpatient clinic.

INTENDED BENEFITS

Pain relief, better footwear compliance, possible improved appearance and/or mobility.

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). Although rare in forefoot procedures, these may 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 FOREFOOT PROCEDURES

- Incisions (cuts) may become infected. This may require antibiotics or further surgery to resolve.
- 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.

- Swelling is common after foot and ankle surgery and usually improves with time.
- There may be stiffness in the treated joints or surrounding area after the procedure. Movement usually returns but some stiffness may remain permanently.
- Nerves that run through the foot may be damaged during surgery. This may result in loss of sensation to the foot, which may be temporary or permanent.
- Fusion of the joint may not occur, called non-union. **SMOKING is known to be a significant risk factor for non-union**
- The two bones may not fuse in the correct position, called mal-union. In such case the forefoot and/or toes may not appear straight or sit flat on the ground or overloading and pain in rest of the foot
- The bones are broken and reset to correct the deformity. During the early healing period, they are weak and may re-break (fracture)
- Risk of deformity may return over a course of months to years
- Metalwork may remain prominent and/or may need removal after fusion.
- In rare cases, complex regional pain syndrome may occur. This can cause significant swelling, sensitivity of the skin, stiffness and pain in the foot.
- Driving and ability to work will be restricted for up to 6-10 weeks following forefoot surgery.
- First 6 to 8 weeks following surgery may require heel walking with special heel wedge shoes and getting back to normal footwear may take 6 to 10 weeks

PATIENT CONSENT

- ✓ The surgeon has informed me, both verbally and in written documentation, of the proposed procedure(s) and risks involved with the above procedure(s); 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 to me 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 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.

Other specific issues:

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

- First metatarsal osteotomy +/- Akin**
- Lesser metatarsal osteotomy**
- First Metatarsophalangeal Joint (MTPJ) fusion**
- Proximal/Distal Interphalangeal Joint (PIPJ/DIPJ) fusion**
-

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: