

ORTHOPAEDIC CONSENT

Patient: _____ **Date of birth:** _____

Operation/Treatment: _____

I confirm that I have explained the operation, investigation or treatment, and such appropriate options to the patient, in terms which in my judgement are suited to the understanding of the patient or to one of the parents or guardians of the patient.

Wolfram Kluge: _____ Date: _____

I am the patient/parent/guardian or witness (delete as required)

Please read this form carefully and if the information is correct, sign below. If there is anything you don't understand about this explanation, or want more information, then ask the doctor.

- I agree to have this operation, which has been explained to me.
- I agree to the administration of a local or general anaesthetic.
- I understand that any procedure in addition to the treatment or investigation described on this form will only be carried out if it is necessary and in my interest and can be justified for medical reasons.
- I have told the doctor about any additional procedure which should not be carried out straight away without further discussion.
- I have been told that there are other methods of treatment and the alternative of no treatment. The expected results and risks of alternative methods and of no treatment have been explained to me.
- I have been told that there is no certain way to predict the outcome of surgery, anaesthesia or medication.
- I understand that there are a number of risks of surgery. The nature and frequency of the major risks listed below have been explained to me. I confirm this by my initials.

	<i>Initial</i>
Mal-union or non-union of bone, implant wear, implant loosening	_____
Fracture of bone or implant	_____
Joint dislocation or stiffness	_____
Further arthritis	_____
Chronic pain or complex regional pain syndrome (unexplained pain)	_____
Muscle injury or contracture, compartment syndrome	_____
Medical complications: heart attack, stroke, venous thrombosis, pulmonary embolism	_____
Blood vessel injury, blood collection in soft tissue(haematoma or seroma)	_____
Infection of skin, muscle, bone, joint and implant	_____
Skin scars (normal, hypertrophic or keloid)	_____
Incomplete correction of bone or joint deformity, leg length difference	_____
Risk of diminished function in walking, sports or daily activities	_____
Nerve injury (diminished motoric function, numbness, paraesthesia)	_____
Additional procedure to treat the complication	_____

Signature: _____

Name: _____

Date signed: _____