



Patient Label

## **BUNION CORRECTION Consent Form**

### **CONDITION AND PROCEDURE**

Dr. Kaushik Hazratwala has explained that I have the following condition: The following procedure will be performed to the .....foot/feet:

Removal of the bump from the inside of the big toe joint and release of the ligaments between the first and second toes. The bone at the bunion area or below the bunion is cut and re- aligned. Often wires and screws are used to fix the bone in position. A plaster cast is put on and left in place for about 6 weeks.

### **GENERAL RISKS OF A PROCEDURE**

They include:

- (a) Small areas of the lungs may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- (b) Clots in the legs with pain and swelling. Rarely part of this clot may break off and go to the lungs which can be fatal.
- (c) A heart attack because of strain on the heart or a stroke.
- (d) Death is possible due to the procedure.

### **RISKS OF THIS PROCEDURE**

There are some risks/ complications, which include:

- (a) Numbness associated with the use of tourniquet with nerve and muscle damage at the site where the tourniquet was placed. This may be temporary or permanent.
- (b) Skin death under the tourniquet, which may require further dressings and / or surgery and skin grafting.
- (c) Possible damage to superficial nerves. This may cause numbness around the operation site and in the big toe. This may be temporary or permanent.
- (d) Recurrence and lack of correction of the lump.
- (e) Death of the bone resulting in stiffness of the big toe joint. This may be temporary or permanent.
- (f) Stiffness of the big toe joint. This may be temporary or permanent.
- (g) The big toe may stick up in the air. This may happen over time and may require further surgery.
- (h) Abnormal pain response to surgery with worsening of pain and disability.
- (i) The surgical cut may cause changes to the sensation and colour of the limb.

- (j) In some people, healing of the wound may be abnormal and the wound can be thickened and red and the scar may be painful.
- (k) Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.
- (l) Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.

**SIGNIFICANT RISKS AND RELEVANT TREATMENT OPTIONS**

Dr. Kaushik Hazratwala has explained any significant risks and problems specific to me, and the likely outcomes if complications occur. Dr. Kaushik Hazratwala has also explained relevant treatment options as well as the risks of not having the procedure.

**PATIENT CONSENT**

**I acknowledge that:**

Dr. Kaushik Hazratwala has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes. Dr. Kaushik Hazratwala has explained other relevant treatment options and their associated risks. Dr. Kaushik Hazratwala has explained my prognosis and the risks of not having the procedure. I was able to ask questions and raise concerns with Dr. Kaushik Hazratwala about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that the procedure may include a blood transfusion.

I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed of sensitively by the hospital. Dr. Kaushik Hazratwala has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I understand that photographs or video footage may be taken during my operation. These may then be used for teaching health professionals. You will not be identified in any photo or video. I understand that no guarantee has been made that the procedure will improve the condition, and that the procedure may make my condition worse.

On the basis of the above statements,

**I REQUEST TO HAVE THE PROCEDURE.**

**Name:**

**Signature:**

**Date:**

**DOCTOR'S STATEMENT**

I Dr. Kaushik Hazratwala have explained

- the patient's condition
- need for treatment
- the procedure and the risks
- relevant treatment options and their risks
- likely consequences if those risks occur
- the significant risks and problems specific to this patient.

I have given the patient an opportunity to

- ask questions about any of the above matters
- raise any other concerns which I have answered as fully as possible.

I am of the opinion that the patient understood the above information.

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**Dr. Kaushik Hazratwala**

**Orthopaedic Surgeon**

**214647HF**