



Patient Label

## FRACTURED FOREARM

### CONDITION AND PROCEDURE

Dr. Kaushik Hazratwala has explained that I have the following condition:  
The following procedure will be performed to the  
.....forearm(s):

Fixation of the forearm with placement of plate and screws or nails.

### 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, due to 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) Damage to nerves and/or vessels resulting in numbness and/or weakness. This may temporary or permanent. Another operation may be required to correct the situation.
- (c) Stiffness in the joints may occur above and below the break in the arm.
- (d) Build up of pressure in the muscle compartment, which can require re-operation.
- (e) Inability to close the edges of the wound together. This may require skin grafts.
- (f) The bones do not knit together properly. This may require further surgery and/or bone graft.
- (g) The bones heal with a bend in the bones and/or alignment.
- (h) The implants may need to be removed in months or years. This will require further surgery.

- (i) Risk of infection in wound and/or bone. This may require further surgery and/ or antibiotics.
- (j) Abnormal pain response to surgery with worsening of pain and disability.
- (k) The surgical cut may cause changes to the sensation and colour of the limb.
- (l) In some people, healing of the wound may be abnormal and the wound can be thickened and red and the scar may be painful.
- (m) Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.
- (n) 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 previous statements,

### **I REQUEST TO HAVE THE PROCEDURE.**

**Name:**

**Signature:**

**Date:**

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.

## **DOCTOR'S STATEMENT**

I 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

**Dr. Kaushik Hazratwala**

Orthopaedic Surgeon

214647HF