



Specialist Centre for Orthopaedic Surgery

Patient Labels
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## HIGH TIBIAL OSTEOTOMY Consent Form

### CONDITION AND PROCEDURE

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

The surgery involves cutting of the tibia bone to realign the limb. This may require a plate or staples to hold the bones in place.

### ANAESTHETIC

The administration of an anaesthetic and/or medicines may be needed in association with this operation/procedure and/or treatment and as such these carry some risks.

### 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 (deep vein thrombosis or DVT) 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) The surgery may not work and symptoms before surgery will persist after the surgery. Total knee replacement may be needed in the future.
- (b) 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.
- (c) Skin death under the tourniquet, which may require further dressings and / or surgery and skin grafting.
- (d) The possibility of the nerve at the knee being damaged, causing weakness and foot drop, and possible numbness in the foot. This may be permanent.
- (e) Possibility of pressure developing in the muscle group in the lower leg which sometimes requires surgical release of pressure in the lower leg.
- (f) Removal of the screws and/or plates after the operation. This will require further surgery.
- (g) Infection. This may require antibiotics, further surgery and rarely leg amputation.
- (h) Damage to the artery behind the knee requiring vascular surgery or leg amputation.
- (i) Clotting in veins of limb which can spread to lungs. This can be fatal.
- (j) Bruising and swelling in leg below the operation site. This usually settles in time.
- (k) Abnormal pain response to surgery with worsening of pain and disability.
- (l) The surgical cut may cause changes to the sensation and colour of the limb.

(m) In some people, healing of the wound may be abnormal and the wound can be thickened and red and the scar may be painful.

(n) Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.

(o) 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:**

## **DOCTORS 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.

**Dr Kaushik Hazratwala**

**Orthopaedic Surgeon**

**214647HF**

**Date:**