



Patient Label

**REMOVAL OF PLATES/SCREWS/WIRES/
INTRA-MEDULLARY NAILS**

CONDITION AND PROCEDURE

Dr. Kaushik Hazratwala has explained that I have the following condition:
.....

The following procedure will be performed to
the:
A surgical cut is made through the old scar, and the implants removed.

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 screws may break. This may prevent the screws from being completely removed from the bone. This may require further surgery.
 - (b) The bone from which the implant was removed may be broken again. This may need new screws or plates.
 - (c) Infection. This may need treatment with antibiotics and further surgery.
 - (d) Abnormal pain response to surgery with worsening of pain and disability.
 - (e) The surgical cut may cause changes to the sensation and colour of the limb.
 - (f) In some people, healing of the wound may be abnormal and the wound can be thickened and red and the scar may be painful.
 - (g) Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.
 - (h) 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. 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 of Patient

Signature

Date

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/ substitute decision-maker 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/ substitute decision-maker understood the above information.

Dr. Kaushik Hazratwala
Orthopedic Surgeon
214647HF

Date:

REMOVAL OF PLATES/SCREWS/ WIRES/INTRA-MEDULLARY NAILS

Patient Information

PROCEDURE

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