



ÖZEL

Anadolu
Hastanesi

PATIENT CONSENT FORM – TOTAL KNEE REPLACEMENT.

PATIENT NAME: _____

SIDE: _____

PROCEDURE: The knee is an important hinge joint and as it is weight-bearing can be prone to “wearing out”. Arthritis is painful and disabling and you and your surgeon may have decided that a knee replacement may be your best option.

A knee replacement is a surgical procedure, in which the injured or damaged running surfaces of the knee are replaced with artificial parts which are secured to the bone.

Hopefully the operation will help you regain your mobility and lessen your pain.

ALTERNATIVE PROCEDURE: Knee replacements are usually performed on patients suffering from severe arthritis (although there are other reasons). Most patients are above the age of 55yrs.

Other alternatives include – Losing weight, stopping strenuous exercises or work, physiotherapy and gentle exercises, medicines, such as anti-inflammatory drugs, using a stick or a crutch, arthroscopy, using a knee brace, cartilage transplant, knee fusion (arthrodesis).

Some of the above are not appropriate if you want to regain as much physical activity as possible, but you should discuss all possibilities with your surgeon.

RISKS

As with all procedures, this carries some risks and complications.

COMMON: (2-5%)

Pain: the knee will be sore after the operation. If you are in pain, it's important to tell staff so that medicines can be given. Pain will improve with time. Rarely, pain will be a chronic problem & may be due to any of the other complications listed below, or, for no obvious reason. Rarely, some replaced knees can remain painful.

Bleeding: A blood transfusion or iron tablets may occasionally be required. Rarely, the bleeding may form a blood clot or large bruise within the knee which may become painful and require an operation to remove it.

DVT:(deep vein thrombosis) is a blood clot in a vein. The risks of developing a DVT are greater after any surgery (and especially bone surgery). DVT can pass in the blood stream and be deposited in the lungs (a pulmonary embolism – PE). This is a very serious condition which affects your breathing. We may give you medication to try and limit the risk of DVTs from forming. We will also ask you to wear stockings on your legs and use foot pumps to keep blood circulating around the leg. Starting to walk and moving early is one of the best ways to prevent blood clots from forming.

Knee stiffness: may occur after the operation, especially if the knee is stiff before the surgery. Manipulation of the joint (under general anaesthetic) may be necessary.

Prosthesis wear: With modern operating techniques and new implants, knee replacements last many years. In some cases, they fail earlier. The reason is often unknown. The plastic bearing is the most commonly worn away part.



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LESS COMMON: (1-2%)

Infection: You will be given antibiotics at the time of the operation and the procedure will also be performed in sterile conditions (theatre) with sterile equipment. Despite this infections still occur (1 to 2%). The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. This is usually treated with antibiotics and an operation to washout the joint may be necessary. In rare cases, the prostheses may be removed and replaced at a later date. The infection can sometimes lead to sepsis (blood infection) and strong antibiotics are required.

RARE: (<1%)

PE: a Pulmonary embolism is the spread of a blood clot to the lungs and can affect your breathing. This can be fatal.

Altered leg length: the leg which has been operated upon, may appear shorter or longer than the other.

Altered wound healing: the wound may become red, thickened and painful (keloid scar) especially in Afro-Caribbeans.

Joint dislocation: if this occurs, the joint can usually be put back into place without the need for surgery.

Sometimes this is not possible, and an operation is required, followed by application of a knee brace.

Nerve Damage: efforts are made to prevent this, however damage to the small nerves of the knee is a risk. This may cause temporary or permanent altered sensation around the knee. There may also be damage to the Peroneal Nerve, this may cause temporary or permanent weakness or altered sensation of the lower leg. Changed sensation to the outer half of the knee may be normal.

Bone Damage: bone may be broken when the prosthesis (false joint) is inserted. This may require fixation, either at time or at a later operation.

Blood vessel damage: the vessels at the back of the knee may be damaged and may require further surgery.

Death: This very rare complication may occur after any major surgery and from any of the above.

Confirmation of consent :

I, the undersigned _____ (full name please),

ID number: _____ acting for myself,

(or in my capacity as _____ to the patient named above),

hereby consent to the surgical and other management of my current illness/illnesses and instruct my orthopaedic surgeon Dr. _____ to perform a total knee replacement procedure on me.

I have read/ understand the procedure, risks and complications. I have asked any questions and raised any immediate concerns I might have.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure

I agree/disagree to the use of a blood transfusion should I require it. (delete which option is not appropriate)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health. I consent to such alteration of the scope of the operation. I recognise that there are also other possible very remote potential complications of medical treatment.

I am legally entitled to give consent for surgery.

Signature of person giving consent: _____ Date: _____

Signature of witness: _____ Date: _____