



**CONSENT FORM
FOR
KNEE ARTHROSCOPY
± TREATMENT**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

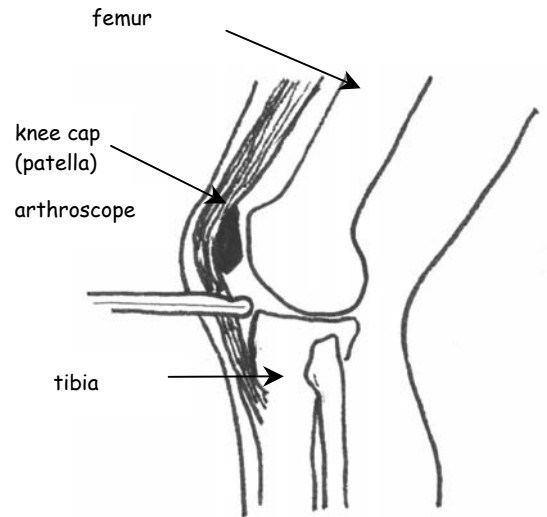
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*)
haveand
that a **knee arthroscopy with/without treatment** on the side is proposed:

This means looking into, and if necessary treating, problems affecting the knee joint using a special telescope called an arthroscope.

While you are asleep under a general anaesthetic, the arthroscope is inserted through a small cut in the skin. Sterile fluid is used to blow up the joint to allow the surgeon to see structures inside the knee joint and to flush away any bleeding. Other instruments may be inserted through another small cut. At the end of the operation, as much fluid as possible is drained from the knee, the cuts are closed with stiches or tapes and the knee is bandaged.

If treatment is required, this may include smoothing roughened joint surfaces, repairing internal ligaments (especially the anterior cruciate ligament – ACL), removal of loose pieces of cartilage, repair or removal of knee menisci (C-shaped cartilages lying inside the knee joint) or cutting soft bands next to the kneecap to help reposition the kneecap.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your orthopaedic surgeon if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic** (see separate *Anaesthetic Consent Form*).

- I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand the procedure has the following **specific risks and limitations**:

- I may have some bleeding in the joint. This may have to be drained or may need a second operation.
- Occasionally a small nerve is cut or partly damaged in the skin covering the front of the knee. This can cause a small patch of numbness on the outer side of the knee. This can recover in time, but in a few people, a small lump develops on the side of the nerve, which may be extremely sensitive or painful. The nerve lump may have to be removed.
- A tourniquet applied to the thigh during the operation can cause nerve injury, resulting in weakness or paralysis of the leg and foot. This usually recovers fully but in rare cases, some weakness may remain.
- I may develop a clot in the vein(s) of my leg(s), causing pain and swelling (deep vein thrombosis). If part of the clot comes loose, it may travel to my lungs (pulmonary embolus), causing shortness of breath, or even death.
- Occasionally the delicate instruments may break within the joint. Usually the piece is found and removed at the time of arthroscopy. Rarely, repeat surgery is required.
- My wounds may become infected, with redness, pain and swelling, and I may require antibiotics or return to the operating theatre where the knee will be washed out under general anaesthesia.
- My knee joint may become stiffer.
- A torn meniscus may tear again in a different place causing further problems in the knee.
- If a ligament has been reconstructed, this may fail at any time in the future.
- This operation does NOT guarantee loss of pain in the knee. In some cases, arthroscopy does not help pain at all and, in a minority of cases, can make the pain worse.

RISKS CONTINUED OVER →

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RISKS CONTINUED..

I understand some of the above risks may be more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my personal circumstances**, that I have considered in deciding to have this operation:

.....
.....

DECLARATION BY PATIENT

- I understand the arthroscopy is done to inspect the inside of the knee joint fully to find out what is wrong with it or to confirm what is suspected from the results of other tests. Treatment of the condition found may be done immediately or at a later date.
- No guarantee of success has been given to me.
- I acknowledge the orthopaedic surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the surgeon any significant risks and complications **specific to my personal circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my orthopaedic surgeon during this operation.
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist orthopaedic surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.

Signature of patient _____ Date _____

If the patient is an adult and unable to give consent, a proxy form must be completed and attached

DECLARATION BY DOCTOR

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature _____

Doctor's name _____ Date _____
(please print)

INTERPRETER'S DECLARATION - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's signature _____ Date _____

Interpreter's name _____
(please print)