



**CONSENT FORM
FOR
TOTAL KNEE REPLACEMENT**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

PROPOSED TREATMENT

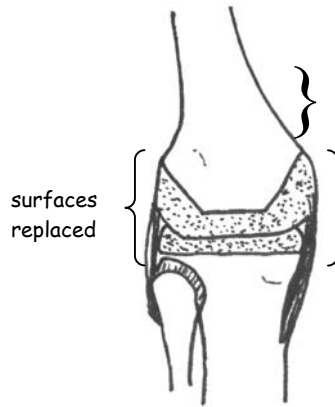
The doctor has explained that I, *(name of patient)*
haveand
that a **total knee replacement** of the*(side)* knee is proposed:

This means replacing a painful joint with an artificial joint made out of metal and plastic.

Under general or spinal anaesthesia, the front of the knee is opened and the damaged surfaces of the knee joint are cut away using special guides. A smooth metallic bone surface is fixed onto the upper bone (femur), sometimes using special grouting cement. In other cases, the back of the implant has a rough surface. The bone grows into this to hold the implant strongly. The lower surface of the joint is replaced with a metal implant which has an extremely tough, hard-wearing plastic disc for the joint to move on. The back of the kneecap may be replaced with a plastic button, if your surgeon feels it is needed.

The wound is closed with skin clips, stitches or dissolving stitches. After the operation, a drainage tube may remain in place briefly to reduce fluid collections and a splint may be put on the knee for a few days.

KNEE JOINT



Knee joint replacement parts



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 some risks are more likely if I am overweight, diabetic or have heart disease.

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**:

- The skin wound may be slow to heal or may break down. Depending on the reasons for this, the wound may be re-closed eg with stitches or left to heal naturally.
- Rarely, my wound may become infected, with redness, swelling and discharge and I may need antibiotics. I may also have to return to theatre so my surgeon can wash out and clean the joint. Infection can occur at any time, immediately after the operation or in the future. Infection can travel to, and lodge in, the new joint through the blood stream from infections elsewhere eg. skin, urine, teeth. If this happens and the infection does not respond to antibiotics, the entire joint replacement may need to be removed.
- I may develop problems with the new joint, including wear of plastic surfaces or loosening of metallic parts.
- Rarely part of the metal replacement may break due to overloading. This may mean another operation to change all or part of the joint replacement.
- The joint (or a part of it) may move out of alignment causing pain or giving way. This may mean further surgery to replace all or some of the joint parts.
- My thigh bone may bend, crack or break near the new joint if my bone is weak or if I fall heavily. If this happens, I may need more treatment and possibly replacement of joint parts.
- My knee replacement will not bend as well as a normal knee and it may take several months to get as much movement from the new knee as I can.
- Blood normally collects in the joint after surgery but is usually absorbed without problems. Unusually, too much blood can collect, causing severe pain and swelling and requiring a return to theatre for the blood to be drained and the knee to be washed out.
- During the operation, nearby major blood vessels may be damaged, requiring repair at the same time. This is rare.

RISKS CONTINUED OVERLEAF

MR CONSENT FORM FOR KNEE REPLACEMENT

CONSENT FORM
FOR
KNEE REPLACEMENT

Med Rec. No.....
Surname:.....
Forename:
DOB:.....

RISKS CONTINUED

- Nearby nerves may also be damaged during surgery, resulting in pain, numbness, or weakness. This may improve in time, but there may be permanent symptoms.
- The joint may not be perfectly aligned, leading to stresses on other joints. This may require another operation to correct the problem.

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 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 have received no guarantee the operation will be successful.
- I agree to **any other additional procedures** considered necessary in the judgement of my orthopaedic surgeon during this operation.
- I consent to a **blood transfusion**, if needed (*patient to circle and initial choice*) **YES** **NO**
- 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 any staff member is injured or exposed to my blood or other body fluid then I give my consent to a sample of my blood being collected for the purpose of testing for infectious diseases, such as Hepatitis B, C and HIV. 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)