

## OPERATION CONSENT FOR KNEE ARTHROSCOPY

I have requested, after discussion with Professor Ross Crawford, to undergo an arthroscopy of my knee. It has been explained to me that knee arthroscopy is an elective procedure (ie I chose to undergo the operation to treat my pain and disability). I understand that there are non-operative alternatives to a knee arthroscopy. Non-operative treatments include medication, physiotherapy, and/or walking aids. The operative alternatives (which may not be appropriate in my situation) include osteotomy of the tibia (re-aligning the tibia by cutting and plating), a knee replacement (unicompartmental or total knee) or an arthrodesis (stiffening of the knee). I elect a knee arthroscopy over these alternatives. All my questions concerning the procedure have been answered to my satisfaction. I understand that a knee arthroscopy, whilst not a major procedure, is an operation and thus carries associated risks. Though the vast majority of arthroscopies are successful I understand that in individual cases this may not be so. In particular I have read and understood each of the risks outlined below and have indicated this by ticking the box beside each comment and/or signing the bottom of each page.

- Every operation carries a risk of death or disability as a result of requiring an anaesthetic. Whilst this risk is low I accept that the risk exists.
- Intra-operatively (ie during the operation) complications attributable to the surgical approach may occur. This includes damage to nerves and major blood vessels. An area of numbness around the scar is likely to be always present.
- It is highly unlikely that a blood transfusion is required with a knee arthroscopy unless an intra-operative problem arises. As a result of blood loss during or after the operation a blood transfusion may be necessary. It has been explained to me that a blood transfusion carries a risk of infection (including hepatitis and HIV) and of a reaction to the blood. I accept the risk of blood transfusion and agree to receive blood if it is determined to be medically necessary.

Name

Signature

Date

## OPERATION CONSENT FOR KNEE ARTHROSCOPY

- ❑ Infection can occur with any operation and is a particular concern following knee arthroscopy. I understand that by undergoing a knee arthroscopy I run a small risk of infection. An infection may require me to undergo further surgery. A long period of hospitalisation and antibiotics may be required to treat the infection. Infection occurs in less than 1% of knee arthroscopies and I accept this level of risk.
- ❑ I understand the risks and complications listed are not complete but I have expressed all my concerns and these have been answered to my satisfaction. I accept that not all people are satisfied with the outcome of knee arthroscopy and in some instances the operation can lead to me being more disabled than prior to surgery.
- ❑ I understand all information contained in this form.

Name

Signature

Date