

OPERATION CONSENT FOR TOTAL KNEE REPLACEMENT

I have requested, after a discussion with Dr Ross Crawford, to undergo a total knee replacement. I understand that there are both operative and non-operative alternatives to total knee replacement. The non-operative options include physiotherapy, medication, and use of a stick and or brace. The operative alternatives include a knee arthroscopy, osteotomy of the tibia or femur (realigning the bones by cutting and plating), a unicompartmental knee replacement and arthrodesis (stiffening of the knee). I elect to have a knee replacement rather than an alternative form of treatment. It has been explained that knee replacement is an elective procedure (ie I choose to undergo the operation to treat my pain and disability). All my questions concerning the procedure have been answered to my satisfaction. I understand that a total knee replacement is a major procedure, and that though successful in the majority of cases can be unsuccessful in individual cases. In particular I have read and understood each of the risks outlined below and have indicated this by ticking the box beside each comment. 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 surgery may occur. This includes bleeding and damage to nerves. An area of numbness around the scar is likely to be always present.
- 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.
- Infection can occur with any operation and is a particular concern following total knee replacement. I understand that by undergoing a knee replacement I run a small risk of infection. An infection may involve me requiring further surgery and may lead to the components being removed. A long period of hospitalisation and antibiotics may be required to treat the infection. Infection occurs in around 1% of knee replacements.
- Stiffness is a common problem following knee replacement. The knee will usually come fully straight and bend to around 90° (ie a right angle) following a knee replacement, but this is not always so. If my knee is very stiff it may require a further operation, most commonly a manipulation under anaesthetic.

Signature:

Date:

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- ❑ Fracture of the bones around the knee can occur following a total knee replacement as a result of the bones being weakened. The risk is low but if this occurs further surgery will be necessary.
- ❑ I understand that failure of total knee replacements can occur due to many causes. The most common is due to problems with the patella (the kneecap). The other common causes are mechanical loosening, infection, fracture and wear of the components. Failure for whatever reason may lead to me requiring revision surgery. The approximate risk (ie-average risk across all patients of a 10% failure rate by 10 years) has been explained to me and I accept this as an average level of risk. I understand that the risk is markedly increased in patients under 60 years of age. Any concerns I have with regards to my individual situation have been addressed
- ❑ I understand that this list of risks and complications is 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 replacement and in some instances the operation can lead to me being more disabled than prior to surgery.
- ❑ I agree that my operative data be collated and stored at TPCH.
- ❑ I understand all information in this form.

Signature:

Date: