

SURGICAL CONSENT - REVISION TOTAL KNEE REPLACEMENT

I have requested, after discussion with Dr Calabro, to undergo A revision total knee replacement.

NAME:..... DATE:.....

SIGNATURE..... DR L CALABRO

I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

There are risks and complications with this procedure. They include but are not limited to the following:

- Infection can occur, requiring antibiotics and further treatment. In severe infection, removal of the knee joint or amputation may be required.
- Bleeding could occur and may require a return to the operating room.
- Small areas of the lung can collapse, increasing the risk of chest infection.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.
- These risks are increased in the context of obesity or underlying medical conditions such as diabetes.

Other specific risks of total knee replacement:

- The knee joint can dislocate. Re-operation is required to correct this.
- The bones around the joint may break during or after surgery necessitating further surgery.
- The artificial joint may fail or wear out. Surgical revision of the knee joint replacement may be required.
- Numbness at the side of the cut can happen. This may be temporary or permanent.
- Damage to the peroneal nerve around the knee during surgery. This may be temporary or permanent. Further surgery may be necessary.
- Damage to the blood vessel behind the knee during surgery. Surgery on the blood vessel would be needed. and sometimes leg amputation.
- Stiffening of the knee after the surgery causing difficulty in walking and sitting and pain on movement. Manipulation and possibly further surgery may be required.
- In some people, healing of the wound may be abnormal and the wound can be thickened and red and the scar may be painful.
- Infection to the prosthesis via the bloodstream in the following years after replacement surgery. The knee joint may have to be removed. To prevent this, you will need to have antibiotics before other procedures and dental work.

I acknowledge that the doctor has explained:

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.



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