

SURGICAL CONSENT - HIP ILIOPSOAS TENDON RELEASE

I have requested, after discussion with Dr Calabro, to undergo hip iliopsoas tendon release. 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.

NAME:.....

DATE:.....

SIGNATURE.....

DR L Calabro.....

- 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 prostheses 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.
- 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 this procedure

- Recurrent or persistent inflammation of iliopsoas tendon may occur.
- Relative weakness of the hip flexor muscles may occur. This could be temporary or permanent.
- A recovery period on crutches may be required.
- Stiffness or soreness at the hip may persist. This may be temporary or permanent.
- Abnormal pain response to surgery with worsening of pain and disability (Chronic Regional Pain syndrome <1% risk)
- Damage to the nerves or blood vessels that cross the hip.
- Numbness associated with surgical incision. This may be temporary or permanent.
- In some people, healing of the wound may be abnormal and the wound can be thickened and red and the scar may be painful.

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 lead to an optimal outcome even though it has been carried out with due professional care.