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Patient Informed Consent for Total Knee Replacement

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Promoting Active
Healthy Lifestyles

General information

This information is being given to you to help you make an informed decision about having a total knee replacement. As a patient, you have the right to be informed about the risks and potential complications of the proposed surgical procedure so that you may make the decision whether or not to undergo the procedure. This disclosure is not meant to frighten you or alarm you; it is, rather an effort to make you better informed so that you may give or withhold your consent to the procedure

What you are being asked to sign with this form, is a confirmation that we have discussed your proposed operation and alternative treatments; that you understand the potential risks and complications associated with the proposed surgery, and that you have arrived at the decision of your own free will.

The Procedure

Total knee replacement (arthroplasty) is an implant procedure performed under either general or spinal anesthesia. The operation which takes about 2 hours on average, involves removal of worn or damaged bone and cartilage surfaces. The damaged structures are replaced by artificial implants made of highly durable metals and slippery durable polyethylene bearings to relieve pain and provide improved motion, alignment and function. Before the components can be implanted, the bone ends must be shaped carefully with specialized instruments to insure proper fit of the component parts and proper balance of the knee. Different sizes of implants and different designs of implants are available depending on the situations which are found at surgery.

To strengthen weakened muscles and soft tissues surrounding the joint, a program of exercise and physical therapy is prescribed. To obtain maximum benefit from your new knee, you must make a serious commitment to continue an exercise program even after you return home from the hospital.

As with any surgical procedure, there are risks of serious complications or results that are less successful than you or your surgeon had hoped for. You and your family will want to discuss these possible complications and the risks involved with this type of surgery.

The Total Knee Replacement surgery has been personally explained to me by:

Doctor _____ or

PA _____

The following points, among others, have been specifically discussed and made clear to me:

1. I have been informed and I understand the purpose and the nature of the implant surgery procedure. I understand what is necessary to accomplish the placement of the implant in my knee.
2. My doctor has carefully examined my knee. Alternatives to this treatment have been explained. I have tried or considered these methods, but I desire an implant to help restore mobility and to minimize discomfort.
3. I have further been informed of the possible risks and complications involved with surgery, drugs, and anesthesia. Such complications can include pain, scarring, swelling, infection, and discoloration. Numbness or neurologic problems may occur. The exact nature and duration of problems may not be determinable and may be irreversible. Also possible are inflammation of the veins, cardiovascular problems, injuries to the tissues surrounding or overlying the knee, bone fractures, delayed healing, deep or superficial infections, allergic or adverse reactions to medications, even death. In those cases where bone cement is used to secure the implants to the bone surfaces, a temporary lowering of blood pressure may occur.
4. My doctor has explained that there is no method to accurately predict preoperatively the final range of motion, relief of pain, or the healing capabilities in each patient following the total knee replacement. I have been informed and understand that the practice of orthopaedic surgery and joint replacement is not an exact science; no guarantees or assurance as to the successful outcome or results of surgery can be made. You should be aware that the large majority of total knee replacements are performed without complications and with a successful outcome. I also understand that improvements and advancements in joint replacement may occur in the future, making current methods obsolete or out of date compared to newer techniques.

5. It has been explained that in some instances, implants wear out, loosen, or fail and must be removed or replaced with a subsequent procedure. Such secondary procedures often are more complex than the original, and therefore may not be as successful as a primary surgery. Although the implants are very strong and durable, they cannot be guaranteed to last for any specific time. Such factors as body weight, activity level, and accuracy of implant alignment can significantly impact implant longevity.
6. I understand the success of the implant also depends on my tolerance to the implant and my resistance to infection, neither of which can be determined prior to the insertion of the implant. If an infection should occur, it may require the implants to be removed for a period of time during intensive antibiotic therapy, prior to re-insertion of the implants. The successful treatment of an infection should result in a good outcome, but occasionally the infection becomes resistant to treatment and recurs. In rare cases, complete eradication of the infection requires a fusion of the joint or as a last resort, an amputation.
7. No guarantee or assurance has been given to me that the proposed treatment will be totally curative and/or successful to my complete satisfaction. I understand that the primary purpose of this joint replacement surgery is to alleviate pain, and that due to individual patient differences there exists a risk of failure, relapse, need for re-treatment or additional surgeries, or worsening of my present condition despite the care provided.
8. I understand that following the surgery I will be expected to comply with certain restrictions and with a prescribed course of physical therapy. Further, I understand that my doctor may recommend permanent restrictions or limitations on certain types of activities that are particularly stressful to total joint replacements. I agree to follow my doctor's post-surgery instructions, including the scheduled follow-up appointments, in order to avoid or reduce the chances of problems which could occur after surgery.
9. I understand that the joint replacement will require administration of an anesthetic and additional medications. These carry additional risks and possibility of complications, including bodily injury or death. I understand that an anesthesiologist will be responsible for my anesthesia and general medical care during surgery and immediately afterward. I understand that my anesthesiologist will make the decision regarding the anesthetic most appropriate for

my particular condition and inform me regarding the risks and complications of the anesthetic selected. I agree to the type of anesthetic chosen by the anesthesiologist.

- 10. To my knowledge, I have informed my surgeon regarding an accurate report of my physical and mental health history. I have reported any prior allergic or unusual reactions to drugs, anesthetics, blood or blood products, or any other conditions related to my health.
- 11. If any unforeseen condition should arise in the course of the operation, calling for the doctor's judgement or for procedures in addition to or different from those now anticipated, I request and authorize the doctor to do whatever is deemed appropriate in the particular situation.
- 12. Although it is impossible for my doctor to inform me of every conceivable complication that may occur as a result of this surgery, I have been informed of the most likely complications or problems associated with surgeries of this type and , within the limits of my abilities, I understand them.

I hereby authorize

Dr. _____ and any assistants or associates selected by him/her to treat the condition(s) below:

I certify that I have had an opportunity to read and fully understand the terms and words within the above consent to the operation and have been offered an explanation for anything required. All blanks requiring insertion or completion were filled in and any paragraphs not applicable, if any, were stricken before I signed the consent. I also state that I read, write, and understand English.

Patient, Parent, Guardian, or Power of Attorney

Date

I have fully explained to the patient,

Name

the nature and purpose of the procedures described above and such risks and potential complications that are applicable in the performance of the surgery. I have asked the patient if any questions have arisen regarding the

procedures proposed and have answered these questions to the best of my ability and training with knowledge of the current standards and current techniques applicable to the the procedures.

Physician or PA

Date

I have witnessed the explanations made by the physician or physician assistant and heard his responses to any questions asked. I have no conflicting interest in the surgery proposed.

Witness

Date