

## CONSENT FOR OPERATION

I \_\_\_\_\_ of \_\_\_\_\_ consent to the operation of \_\_\_\_\_

to be performed on my self/ my child \_\_\_\_\_

together with the administration of local/regional/general anaesthetics and any other surgical procedures that may become necessary at the time.

Any procedure or operation has associated risks and complications which can be related to the anaesthetic or the surgical procedure itself. Local anaesthetic complications are related to direct nerve or vessel injury, toxicity, or reaction to the anaesthetic agent. The complications of a general anaesthetic include death, heart attack, memory loss, stroke and respiratory aspiration/infection together with reactions to anaesthetic agents or drugs.

Operations have many potential complications including but not limited to pressure on a body part during the procedure due to positioning, wrong-side surgery, joint stiffness, wound breakdown & infection, leg swelling, bleeding, nerve or vessel injury, failure of bone to join or fuse together, failure of the procedure to relieve all pre-op symptoms, reflex sympathetic dystrophy or chronic nerve-related pain, deep venous thrombosis and pulmonary embolism. Implants or inserted prosthesis used for your surgery may impinge or cause pressure against other bones, joints, nerves or vessels, may dislocate, become loose, be recalled by the manufacturer, be inserted incorrectly or in non-ideal position, suffer breakage or loosening and rarely cause an allergic reaction. Any inserted implant may need to be removed at a later date. Occasionally, worse pain or function than experienced prior to surgery can develop after the procedure. Pain may be experienced by removal of any drains or sutures inserted for your surgery. An indwelling urinary catheter is used for many knee operations to prevent you having to pass urine during the operation. This catheter is inserted carefully by Dr Klar or his assistant surgeon but damage may result to your urinary system or an infection may occur in the urine. Male impotence or blood in the urine may rarely occur after a urinary catheter is used. Amputation may result after surgery to a limb if uncontrollable infection or vascular injury occurs from the operation. The tourniquet used for your surgery may cause skin damage, numbness or vascular damage to your leg. Arthroscopic surgery may be associated with swelling, damage to the joint surface or ligaments, or synovial fluid leakage/fistulae. Falls or pressure areas may develop whilst in hospital and cause injury. The dressings used on your skin may cause allergic reactions.

The above complications are not an exhaustive list of all the reported complications of surgical procedures. It is intended as a guide to some of the risks of surgical procedures.

I understand that no surgical procedure be it small or complex can be said to have a guarantee of a successful outcome and I acknowledge that Dr Brendan Klar has not offered me a guarantee of a successful outcome.

I acknowledge that I have been given the opportunity by Dr Brendan Klar to ask questions in relation to my planned surgery and that those same questions have been answered to my satisfaction. I have been referred to the website [www.canberrakneeclinic.com.au](http://www.canberrakneeclinic.com.au) for more information and videos explaining my surgery, and understand I may make another appointment with Dr Klar prior to my surgery, if I have more questions.

I acknowledge that I have been provided with an estimate of surgical fees charged by this practice and associated expenses and that I have been advised to speak to my health insurer and Medicare to ascertain if any gap charges will apply for my surgery which I may be liable for. I understand that at no time will a third party be allowed access to my medical records without my prior express written consent nor will my condition be discussed with a third party without my prior express written consent.

I consent to my de-identified medical record and the information contained therein, being utilised for the purposes of scientific research. I agree to receive emails seeking information regarding my recovery/progress following surgery.

By signing this consent I acknowledge that the operation outlined above and its associated potential complications have been explained to my satisfaction.

I do / do not consent to the administration of blood products should the need arise during or after surgery.

I have read the above consent and wish to proceed with the surgery.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_ Date:     /     /