ORTHOPAEDIC SURGERY is the surgery of bones, joints, muscles, tendons, and sometimes nerves in the skeletal system. This consent form is an attempt to assist you in becoming as well informed as possible. Oral communication is not adequate for consent.

There are several things that you should understand prior to your surgery:

1. There is almost always an option not to undergo surgery. Many of the operations in orthopaedic surgery are not emergency operations. This means that, unlike appendicitis or a heart attack which makes treatment absolutely necessary, you have the choice of living with your condition. Even though you have pain or arthritis or some injury, you have the option of accepting that problem. Surgery should be undertaken only if it is a better way of obtaining relief of pain, improved function or your health goals. However, even if something does not function well, you do not have to correct it; it is still the individual's choice whether or not to have surgery. Never feel that you have to have surgery.

2. You should understand fundamentally what your surgery is intended to accomplish.

3. You should not undergo surgery until you have had all your questions answered.

COMPLICATIONS:

How often do complications occur? Fortunately not very often. Most complications are rare. However, we are obligated to inform you of the most common complications. If a problem should occur, it would most likely be something mentioned here. There are two types of complications that can develop: complications involving the actual area operated on, and complications having nothing to do with the operative site that can arise from any kind of surgery.

LOCAL SURGICAL COMPLICATIONS:

1. **Infection:** Infection is one of the worst complications. Statistically it occurs in less than 1% of orthopaedic operations. Yet it can be a very serious problem, requiring prolonged hospitalization with IV antibiotics to treat the infection, and it can ruin the type of surgery that you have had. To try to prevent infection, we take all general precautions, including several scrubs of the involved area for surgery and use of prophylactic antibiotics. It is not clear why some infections occur. The health of the individual, resistance of that individual to bacteria, and bacteria in the air may be contributing factors.

2. **The operation may fail.** On occasion the desired result is not obtained. It is accepted that a certain percentage of surgeries don't work. There is a possibility that you would have to undergo a re-operation or some procedure to amend a surgery when the intended result is not achieved.

3. **Phlebitis and blood clots:** With any surgery, blood clots can develop in the veins of the legs. There is no known prevention for this. Developing blood clots can be a minor nuisance or have very serious, even fatal consequences. Blood clots that form in the legs can travel to the heart through the veins. Support stockings, inflatable sequential leg compression devices, and blood-thinning medications can be used to decrease the likelihood of blood clots. Fortunately, they occur rarely in those under age 25.

4. **Wound healing:** Sometimes the wound does not heal as desired. Unless there is infection, however, the consequences may be minor.

5. **Nerve and blood vessel injury:** While nerves and blood vessels are in every operative site, surgical injury to these structures is quite rare. Usually the injury has already been sustained due to fracture, dislocation or other injury the patient experienced. However, it is possible that an injury to a blood vessel or nerve could result in impaired function which could be permanent. It is very common for the skin around incisions to have altered sensation.

6. **Reflex sympathetic dystrophy:** This problem is both rare and obscure. It is a form of over-reaction of one's sympathetic nervous system which causes increased pain. There is no known medical cause or prevention for this rare complication. It is combated with intensive physical therapy and "sympathetic blocks," or injections of local anesthetic into the nerves, which help reduce symptoms.
COMPLICATIONS REMOTE FROM THE SURGICAL SITE:

1. **Anesthesia:** Patients may have reactions to anesthetic. Reactions may range from minor issues to serious issues involving the heart. Fortunately, complications with anesthesia are rare. Anesthesia given will be either general, spinal, or for certain operations, local anesthesia. When possible, the patient has the choice.

2. **Blood transfusions:** Blood transfusions can sometimes cause reactions which, while rare, are potentially serious. Blood-borne diseases, including HIV / AIDS, are remotely possible, leading some patients to donate their own blood for an elective surgery. The need for a blood transfusion would be unusual.

We frequently have visiting physical therapy, nursing and athletic training personnel, physicians and surgeons in the operating room to observe surgery. Unless you specifically do not want any type of medically-related personnel to observe your surgery, signing this permit acknowledges that it is permissible for such individuals to watch your surgery as a learning experience.

Arthroscopic surgery is videotaped through the telescope (arthroscopic surgery). The only part videotaped is the involved joint, and neither the whole body nor the face is ever videotaped or photographed. Recording any portion of a surgery is done solely as documentation for the medical record or for teaching purposes.

This is the signature page of the Orthopaedic Surgery Consent Form, stating that you feel you have had the alternatives, purpose, most likely outcomes and major complications explained to you verbally or by this document. If separated from the rest of the consent form, this page still represents acknowledgment and signature on the form. By signing below, you are indicating that you have had your questions answered to your satisfaction.

DO NOT SIGN BELOW IF YOU HAVE FURTHER QUESTIONS. PLEASE HAVE THOSE ADDRESSED PRIOR TO SIGNING. PLEASE CALL THE OFFICE OR HAVE YOUR QUESTIONS ANSWERED IN PERSON.

Kenneth L. Wertzberger, M. D.

Patient signature_____________________________ Date_________ Witness_________________