

SURGICAL CONSENT FOR REVISION TOTAL KNEE REPLACEMENT

I, **Dr Simon Journeaux** have discussed with the patient to undergo the following procedure:

RIGHT/LEFT Revision Total Knee Replacement.

For (diagnosis):

I have discussed the following issues, risks with the patient.

General Risks of Procedure: These include:

- a) Lung infection – requiring antibiotics and physiotherapy.
- b) Deep vein thrombosis occasionally affecting the lung.
- c) Heart attack.
- d) Small risk of death.
- e) Increased risk in obese people of wound infection, chest infection, heart & lung complications, and thrombosis.
- f) Increased risk in smokers of wound and chest complications, heart & lung complications, and thrombosis.

Common Risks (2-5%)

i) Painful knee replacement: Sometimes we can find a cause for this although often no cause can be found. It is not unusual for the patient's unrealistic expectations of the knee replacement procedure to be the main reason for the ongoing pain complaints.

ii) Bleeding & Blood Loss: This can either be an acute problem requiring a blood transfusion or a return to theatre if severe. Occasionally a collection of blood occurs in the knee which requires further surgery to drain or it can effect wound healing.

iii) Deep Vein Thrombosis Blood clots in the leg vein are the most common complication. Thrombosis prevention in my practice includes regional anaesthesia, early mobilization, foot pumps in combination with a chemical injection. Occasionally a clot can break off and travel to the lung – a rare cause of sudden death after surgery.

iv) Loss of Knee Motion/Stiffness: In some cases the ability to bend (flex) the knee does not return to normal. This is related to the preoperative range of movement and how much effort you put in post surgery. Scar tissue may form around the knee joint resulting in a diminished ability to bend the knee. This can leave you with a stiff knee replacement and a poor result Occasionally a manipulation under an anaesthetic is required.

Less Common Risks (1-2%)

i) Infection Wound or Joint Infection may require antibiotics or further surgery and can leave you with a poor result. Infection can present some years after surgery if the infection spreads from the blood stream eg. from a tooth abscess. In a worst case scenario this can mean above knee amputation or an arthrodesis (permanently stiff knee).

Rare risks (<1%)

i) Nerve Damage rarely occurs during knee replacement surgery. The most common nerve affected is the nerve that brings the foot up towards the face. This is called the common peroneal nerve. This can leave you with permanent weakness & numbness in the lower leg causing a limp and occasionally chronic pain.

ii) Vascular (normally arterial) injury: This can be a devastating complication which requires help from a vascular surgeon to sort out and may in some circumstances result in an amputation.

iii) Wear or Loosening of Knee Components. The major reason that an artificial joint fails is the loosening of the joint where the metal or cement meets the bone. If the primary operation goes well you can expect more than 15 years from your artificial knee however if it loosens and becomes painful a further operation (revision) may be needed to sort out the problem.

iv) Fracture of the knee bones (Peri-Prosthetic Fracture) rarely occurs during knee replacement surgery. If a fracture does occur a further operation may be needed to fix the fracture.

v) Instability: This can be a cause of early revision being required. Instability causes a knee to give way unexpectedly and is usually due to the ligaments being unstable. If the ligaments are repaired at surgery then a knee brace is often required for 6 weeks.

vi) Wound numbness: This is quite common and usually has no long term implications.

vii) Patella tendon damage: This can be a difficult problem to treat and affect the result of the knee replacement

viii) Fat Embolism: Fat from the bone marrow can get into the circulation and cause lung or neurological complications. This may require intensive care support.

iv) Dislocation: This complication may require further surgery.

PATIENT CONSENT

I acknowledge that Dr Simon Journeaux has explained my medical condition and the proposed procedure to me. I understand the risks of the procedure and the likely outcomes both good and bad. The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and what will happen to me if I do not go ahead with the procedure.

It is very important that you feel you have been fully informed about all the issues and risks relating to this procedure and you understand what it fully means to you.

Please read carefully the following statements about a Revision Total Knee Replacement that **Dr Journeaux** has advised for you to have and place an initial beside each one if you agree. If you do not understand or have any further questions please ask **Dr Journeaux** to explain them further.

I agree to the above procedure being performed. I also request the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with having this procedure.

I also agree to any other unplanned procedure(s) being performed if they are necessary for my well being and they cannot be discussed with me at the time as I am under the influence of an anaesthetic and/or other drugs.

I (patient's name)

of, (address)

Please initial the following statements:

- X..... **understand why it is necessary to have a revision total knee replacement.**
- X..... **understand the potential benefits, risks and possible complications of this procedure.**
- X..... **understand the alternative forms of treatment that are available, including not having the procedure, and why having this procedure is the most appropriate for me.**
- X..... **have had all my concerns about the procedure explained.**
- X..... **feel informed about having a revision total knee replacement.**

Patient
signature:.....

Dr Simon F Journeaux
signature:.....