

Informed Consent for Fixation of Proximal Femur Fracture

| | | |
|-------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------|
| Name: | Age (in years): | Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other |
| UHID No./Registration No.: | | |
| Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No | Consultant's Name: | |

Medical Condition

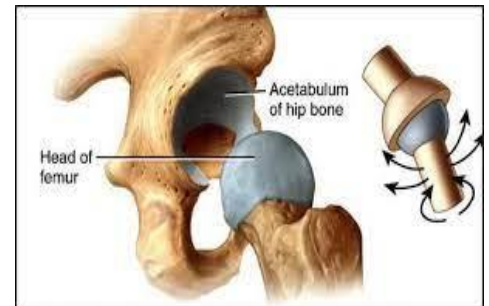
The doctor has explained that I/my child/myhave the following medical condition:

 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

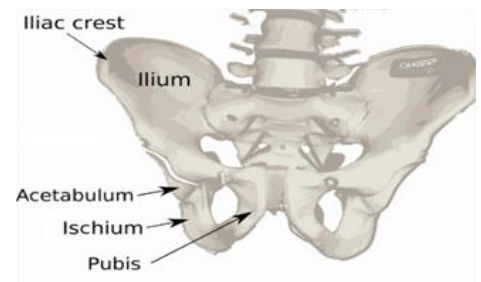
 I authorise Dr. and his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

Introduction

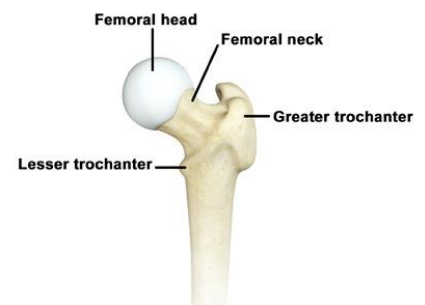
The hip joint is a ball and socket synovial joint. The "ball" is the femoral head, which is the round end of the femur. The femur is the large bone in the thigh. The hip's "socket" is the acetabulum. It surrounds the femoral head, allowing it to move as the leg changes positions.



The acetabulum or the head of the femur (thigh bone) is shaped like a hemisphere and is formed by the three parts of the os Coxae.



The proximal end of the femur is divided into four major parts. These parts are most often and most closely involved with hip fractures.

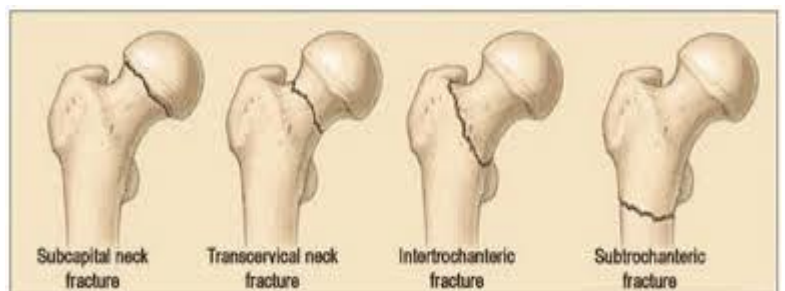


The hip fractures can be classified into:

- Intracapsular fractures: They are contained within the hip capsule itself. For example: Subcapital neck fracture and transcervical neck fracture.
- Extracapsular fractures: They occur outside the hip capsule. For example: Intertrochanteric fracture and subtrochanteric fracture.

A non-displaced fracture could be an incomplete fracture or a complete fracture but non-displaced.

A hip fracture will be treated through surgery performed under general or regional anaesthesia. It requires placement of a nail, screw and plate or multiple screws to fix the fracture.



Informed Consent for Fixation of Proximal Femur Fracture

Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Benefits (To be documented by doctor)

- Fracture union.
- Stable fracture reduction and fixation.
- Early weight bearing.
- Mobilisation of the patient.
- Others, if any specify:

Alternatives (To be documented by doctor)

General and Specific Risks (To be documented by doctor)

- Bones may not heal together after the surgery, which will require another operation and bone graft.
- Failure of the fixation device requiring another operation or hip replacement.
- The bone underneath the plate may break or requiring another operation or traction.
- Leg length discrepancy
- Potential neurovascular damage
- Deep vein thrombosis (DVT) causing pain and swelling.
- Resting in bed for a period of time may be required due to unstable fixation of the fracture.
- Development of a vascular necrosis of femoral head requiring hemi or total hip replacement.
- Abnormal pain response to surgery with worsening of pain and disability.
- The surgical incision may cause changes to the sensation and colour of the limb.
- In some people, healing of the wound may be abnormal and the wound can be thickened and red and the scar may be painful.

- Deep infection/Prosthetic joint infection
- Bleeding
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- In obese people, there is an increased risk of wound infection, chest infection, heart and lung complications, and thrombosis.
- Cardiac arrest or stroke could occur due to the strain on the heart.
- Death
- Others, if any specify:

Patient Specific Risks (To be documented by doctor)

- 1)
- 2)
- 3)
- 4)
- 5)

Specific Notes Related to Procedure (Strike out if not required)

Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)

Informed Consent for Fixation of Proximal Femur Fracture

Patient's Authorisation

- The doctor has explained my medical condition and proposed operation. I am now aware of the intended benefits, possible risks and complications and available alternatives to the said operation.
 - The doctor has explained other relevant/alternate treatment options and their associated risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
 - I am also aware that results of any operation can vary from patient to patient and I declare that no guarantees have been made to me regarding success of this operation.
 - I am aware that while majority of patients have an uneventful operation and recovery, few cases may be associated with complications. I am aware of the common risks and complications associated with this operation listed above and understand that it is not possible to list all possible risks and complications of any operation.
 - I also understand that sometimes a planned operation may need to be postponed or cancelled if my clinical condition worsens or due to any unforeseen technical reason.
 - I understand that if medical exigencies demand, further or alternative operative/procedural measures may need to be carried out, and in such case there may be difference in the planned and actual operation.
 - I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
 - The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
 - I am also aware of the expected course after the operation and the care to be provided and understand that sometimes admission to intensive care unit and/or extension of duration of hospitalisation may be required and/or there may be requirement of extra medicines or treatments, thereby leading to increase in the treatment expenses, depending upon the body's response to the treatment/procedure.
 - I am now also aware that during the course of this operation the doctor will be assisted by medical and paramedical team and that the doctor may seek consultation/assistance from relevant specialists if the need arises.
 - I authorise the hospital for the disposal of any tissue or body part that may be removed from my body in the appropriate manner during and for the purpose of conducting this operation.
- I agree to observing, photography (still/video/televising) of the procedure (including relevant portions of my body) including my diagnosis/reports (pathology, radiology etc) for academic/medical/medico-legal purposes/scientific publications, provided my identity is not revealed/disclosed by such acts). Yes No
 - For purposes of advancing medical education, I consent to the admittance of observers to the operating room. Yes No

| | | | | |
|---------------------------------|-----------------------|-----------------------------------------------------|------------|----------------|
| Patient Name: | | Signature: | | Date and Time: |
| Substitute Decision Maker Name: | Relationship: | Reason (patient is unable to give consent because): | Signature: | Date and Time: |
| Witness Name: | Relationship: | | Signature: | Date and Time: |
| Interpreter Name: | Translation given in: | | Signature: | Date and Time: |

Declaration by the Doctor

I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.

| | |
|-----------------------------------------------|----------------|
| Name and Signature of the Doctor with Reg No: | Date and Time: |
|-----------------------------------------------|----------------|