

Consent for Knee Replacement Surgery

This form was created by Danton S. Dungy, MD for patient informed consent.
It is provided as a courtesy and should not be misunderstood as legal advice.

I, _____, have requested that Danton S. Dungy, MD perform _____ knee replacement surgery for the ***benefit of pain reduction***. This is one of the most successful surgeries available according to patient satisfaction and outcome. The ***alternatives include*** behavior modification such as weight loss and activity restriction, medications, injections, braces, and assistive devices such as canes, walkers, crutches and wheel chairs.

The risk of surgery can be very serious and possibly fatal. Any surgery can cause stress that puts me at risk for heart attack and stroke. Each patient is unique and the potential outcomes are as different as each patient. My new knee will never be as good as my original knee was when I was younger, without pain.

Although ***complications are*** uncommon, Dr. Dungy and his team will practice preventive measures in an attempt to do no harm. I understand that every possible complication related to surgery cannot be covered in a few minutes on a few sheets of paper; thus, this document contains many of the most common issues of concern to patients, but is in no way inclusive of all possible complications. The following paragraphs will also outline the preventive measures undertaken to protect me.

The most serious complication is ***death***. Beyond the very rare anesthesia complication, the direct surgical risk of death is related to a venous thromboembolic event (VTE), also called a deep vein thrombosis (DVT) or ***blood clot***. Undergoing major orthopedic surgery, such as joint replacement, I am at increased risk for a VTE, which is a clogging of the leg veins that bring blood back to my heart and lungs. Blood clots can cause either temporary or chronic limb swelling. Worst of all, the DVT could break loose in the vein and travel to my lungs causing a pulmonary embolism, and possibly death. These complications may require the insertion of a vein "filter" by a vascular specialist and/or the prolonged usage of blood thinners.

The most effective way to prevent a blood clot is for me to get up and be mobile after surgery. The more I sit around the more at risk I am for a DVT. I will also have special "squeazy boots" applied to help keep the blood flowing when I'm not up with the physical therapist or doing my exercises. I will also be given a daily blood thinner for approximately 4 weeks. This may either be a pill or possibly even a self-administered injection.

Another serious complication is the possibility of ***infection***. Infection in an artificial joint replacement is the most serious complication you can live through. Infection would require additional surgery for removal of the implants because bacteria on artificial implants cannot be treated with antibiotics alone. Once the implants were removed, I would be given prolonged IV antibiotics. Very rarely an untreatable infection could result in ***amputation***. To decrease the risk of infection I will be asked to cleanse my

Initials _____

Date _____

skin with special antiseptics prior to surgery, the procedure will be performed in a surgical suite with special airflow and filters. Intravenous (IV) antibiotics will be given during surgery and continued intermittently for 24 hours and the team will wear special surgical attire. Although rare, infection can set-in years after surgery; therefore, preventive antibiotics may be needed under certain circumstances from time to time.

Another risk is for **nerve damage**, particularly to the infra-patellar branch of the saphaneous nerve. This most likely will cause permanent numbness over the kneecap and outside of the knee. This will not have any affect on the range of motion, nor strength. This surgery cannot be done without injury to this nerve. Less common is injury to the peroneal nerve, which allows me to raise my foot upward and outward. This rarity is most common in patients with a severe “knock-kneed” deformity. If this nerve is injured, it may mean additional surgery or even lifelong use of an ankle brace.

Blood vessel injury could occur. The major blood vessels in my leg are behind the knee and I understand that the surgery will be performed through an incision in front of my knee. If I have had prior surgery, Dr. Dungy may choose to use or incorporate my prior scar into the new wound. Equally, with prior scars, I’m at a slight increased risk for **skin/wound problems** that could require an additional surgery with the assistance of a plastic surgery specialist (skin grafting and/or muscle transfer may be needed). Most patients **cannot kneel** comfortably after a knee replacement. It is reported as being too sensitive. The prevention of blood vessel and nerve damage is best addressed through surgical training, experience and preoperative planning.

There is a small chance for significant **blood loss**. During surgery a tourniquet will be used; therefore, I will not lose much blood initially. However, after surgery some blood will be lost into a self-contained drainage system. I will be given back the first few hours worth of lost blood which will decrease my risk for **blood transfusions**. I can request that Dr. Dungy arrange for me to pre-donate my own blood.

There could be **broken bones** during surgery. If this were to occur I understand that Dr. Dungy would fix them accordingly. This may mean the use of metal plates, screws or wires. Often these implants are permanent.

The **implants could wear out, break or even loosen** over time. Nine out of ten patients are doing well at ten years. This number drops to about eight out of ten at fifteen years. These statistics are based on data and implants used over 15 years ago and most surgeons believe that the newer implants are designed better to last longer. However, there is always a chance for additional surgery. Because these implants are not as durable as my normal pre-arthritis knee, I realize that I have restrictions regarding activity. More specifically, I will avoid running and other impact activity.

My new knee will be warm to the touch for about six months. This is a part of the healing process. During this time, scar tissue is forming and **stiffness** may occur. **Swelling** is very common during the healing process. Once surgery is completed, the rehabilitation is often challenging, but it is ultimately up to me to be motivated and do

Initials _____

Date _____

well. If poor motion is identified early after surgery, Dr. Dungy may recommend a return trip to the operating room to move my knee for me while under anesthesia. This is called a manipulation. The best predictor of postoperative range of motion is my preoperative range of motion. The native, healthy knee has some slight side-to-side motion. An artificial knee attempts to maintain some of this motion and a clicking noise can sometimes be heard. **Noises** are expected with metal and plastic pieces rubbing together.

Lastly, there is a possibility of other non-surgical medical issues that can arise during recovery. Two of the most serious medical conditions include **heart attack and stroke**; however, more commonly **constipation** can occur with the use of pain medication and I understand that a stool softener will be provided during the hospitalization and I should continue it at home as long as I need pain medication. A few patients can have **confusion**, usually temporarily, because of these potent medications. Most patients have discontinued pain medication three to six weeks post-operatively. Equally, if I'm using pain medication prior to surgery, I understand that it will be more challenging to control my pain after surgery.

All of these complications increase dramatically with other preexisting medical problems. For Dr. Dungy and his team to provide me with the best care possible, I have disclosed my health condition(s) that may affect my outcome. **I have** had or currently have:

(PLEASE CIRCLE ALL THAT APPLY)

- Cardiac/Heart** (pacemaker, stent, heart attack, angioplasty, defibrillator etc.)
 - Diabetes**
 - Blood Thinner Medication** (plavix, coumadin, etc.)
 - Infection** (prior in the knee, dental, or other)3
 - Immunocompromised health** (rheumatoid, chemotherapy, renal failure)
 - Smoker/Tobacco Use**
 - Narcotic Medication Usage** (prior or current)
 - Obesity/Weight Issues**
- OR**
- NONE OF THE ABOVE**

I have read this document and initialed each page accordingly after a thorough review. I have had all of my questions answered regarding knee replacement surgery. Equally, I have been given an opportunity to discuss with Dr. Dungy any medical terms that I do

Initials _____

Date _____

not understand. I am requesting that we proceed with surgical intervention. I authorize Dr. Dungy to take a post operative picture of my knee to show range of motion. I also authorize Dr. Dungy and/or his staff to send me my surgical packet via email with only my name in the email.

Patient Signature

Date

Initials_____

Date_____