



Affix Patient Label

Patient Name:

Date of Birth:

### Informed Consent: Knee Ligament Surgery

This information is given to you so that you can make an informed decision about having **Knee Ligament Surgery**.

#### Reason and Purpose of this Procedure:

Knee ligament reconstruction and repair is an operation that treats:

- Unstable knee
- Knee pain
- The “giving way” feeling in your knee

Your doctor will reconstruct or repair torn ligaments. He may use:

- Small implants (metal, synthetic, or absorbable)
- Stitches
- An autograft (your own tissue)
- An allograft (cadaver tissue)

These are fixed to the bone with implants (absorbable, synthetic, or metal). The implants hold the graft in place while it heals. The goal of knee ligament surgery is to:

- Stabilize the knee
- Improve function
- Decrease the risk of more damage to other parts of the knee

#### Benefits of this Procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Knee stability
- Improved function during normal activities
- Improved quality of life
- Reduce the need for pain medication and/or braces
- Reduce the chance of more damage to the knee (meniscus and articular surfaces)

#### General Risks of Procedures:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

- **Small areas of the lungs may collapse.** This would increase the risk of infection. This may need antibiotics and breathing treatments.
- **A strain on the heart or a stroke may occur.**
- **Bleeding may occur.** If there is a lot of bleeding, you may need a transfusion.
- **Reaction to the anesthetic may occur.** The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you.

#### Risks of this Procedure:

- **Stiffness.** Some people experience long term weakness or stiffness in their knee
- **Increased motion in the knee joint.** As the graft stretches over time or if there is a fixation failure or ligament re-tear the knee can be unstable.

- **Infections are rare, but serious when they occur.** Treating infections can require antibiotics and sometimes additional surgery. Sometimes the new ligament and fixation implants need to be removed to cure the infection.
- **Damage to nerves and arteries can occur.** Nerve damage can cause numbness or weakness in the leg. Artery damage can cause bleeding and require repair.
- **Blood clots.** Blood clots may form in the legs and cause pain and swelling. These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.

**Risks Associated with Smoking:**

Smoking is linked to an increased risk of infections and an increased risk that the new ligament will heal slower or even fail. Both are serious complications.

**Risks Associated with Obesity:**

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

**Risks Associated with Diabetes:**

Diabetes can increase the risk of infection, slow wound healing, and slow bone and graft healing.

**Risks Specific to You:**

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**Alternative Treatments:**

- Do nothing. You may decide not to have the procedure.
- Braces. They may or may not stabilize your knee for activities.
- Modify your activities. Avoid all twisting and jumping.

**If you Choose not to have this Treatment:**

- Your doctor can discuss the alternative treatments with you.

**General Information:**

During this procedure, the doctor may need to perform more or different procedures than I agreed to. This may include partial removal of damaged meniscus, spur excision, loose bodies, or other procedures my doctor feels are necessary.

During the procedure, the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

**Medical Implants/Explants:**

I agree to release my social security number, my name and address, and my date of birth to the company that makes the medical device that is put in or removed during this procedure. Federal laws and rules require this. The company will use this information to locate me.

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**By signing this form, I agree:**

- I have read this form or had it explained to me in words I can understand.
  - I understand its contents.
  - I have had time to speak with the doctor. My questions have been answered.
  - I want to have this procedure: **Knee Ligament Surgery** \_\_\_\_\_
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- I understand that my doctor may ask a partner to do the procedure.
  - I understand that other doctors, including medical residents or other staff may help with procedure. The tasks will be based on their skill level. My doctor will supervise them.

**Provider:** This patient may require a type and screen or type and cross prior to procedure. If so, please obtain consent for blood/products.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Relationship:  Patient       Closest relative (relationship) \_\_\_\_\_       Guardian/POA Healthcare

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**For Provider Use ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Teach Back:**

Patient shows understanding by stating in his or her own words:

\_\_\_\_\_ Reason(s) for the treatment/procedure: \_\_\_\_\_

\_\_\_\_\_ Area(s) of the body that will be affected: \_\_\_\_\_

\_\_\_\_\_ Benefit(s) of the procedure: \_\_\_\_\_

\_\_\_\_\_ Risk(s) of the procedure: \_\_\_\_\_

\_\_\_\_\_ Alternative(s) to the procedure: \_\_\_\_\_

**OR**

\_\_\_\_\_ Patient elects not to proceed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*(Patient signature)*

Validated/Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_