



Affix Patient Label

Patient Name:

Date of Birth:

### Informed Consent: Arthroscopic Knee Surgery

This information is given to you so that you can make an informed decision about having **arthroscopic knee surgery**.

#### Reason and Purpose of this Procedure:

Arthroscopic knee surgery is a procedure to treat pain and mechanical symptoms of the knee. The surgeons use small instruments and video equipment put in through small cuts in the skin. Surgery may address partial removal or repair of cartilage, loose bodies, tumor or soft tissue problems or other problems discovered at the time of procedure.

The goal of these procedures is to:

- Reduce pain
- Improve function
- Prevent further damage to the moving surfaces 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.

- Reduce pain.
- Improve function during normal activities.
- Improve quality of life.
- You may be able to resume more physical activities.

#### 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 (this is very rare).
- **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:

- **Infections are rare, but serious when they occur.** Treating infections can require antibiotics, and sometimes additional surgery.
- **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, with pain and swelling. These are called deep vein thrombosis or DVT. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- **Failure to relieve symptoms.** There is a chance that the surgery will not relieve the pain or mechanical symptoms in your knee.

#### Risks Associated with Smoking:

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

**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 and slow wound healing.

**Risks Specific to You:**

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**Alternative Treatments:**

- Do nothing. You may decide not to have the procedure.
- Pain management (medications)
- Activity modification (avoid activities that make pain or other symptoms worse)

**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.

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.



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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:  Left  Right | **Arthroscopic Knee 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: \_\_\_\_\_