



Affix Patient Label

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This information is given to you so that you can make an informed decision about treating a broken bone (also known as a fracture) with manipulation (also known as closed reduction).

### **Reason and Purpose of the Procedure:**

In general, “closed reduction” means that your doctor believes this fracture can be manipulated to an acceptable position without making an incision. This may involve sedating the patient and/or using local anesthesia to numb the area first. The fracture is manipulated into alignment and may be held in place with a splint, brace, or cast and occasionally pins placed through the skin.

The goal of this procedure is to:

- Reduce pain
- Improve position of fractured bones
- Improve function after the fracture heals

### **Benefits of this surgery:**

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.

- Less risk. In general, closed treatments pose less risk than open surgery.
- Potentially decreased pain.

### **Risks of Surgery:**

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.

### **Risks of this surgery:**

- **Loss of Reduction.** The fracture could move back into an unacceptable position (this may trigger the need for an open surgery or re-manipulation).
- **Malunion.** The fracture may heal in a poor position and lead to loss of function, continued pain, or obvious deformity.
- **Nonunion.** The fracture may not heal (this may take 3 to 6 months to determine) and may require surgery to repair the problem.
- **Infection.** This may occur when pins are used.
- **Continued pain.**
- **Arthritis.** Breaks that involve the joint can lead to arthritis in that joint.
- **Growth disturbances.** Fractures that involve the growth plate in children can sometimes cause growth arrest or change in the direction of growth. Rarely these need to have surgery to correct this problem.
- **Cast and splint related issues, including pressure sores, stiffness and muscle weakness.**

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**Risks associated with smoking:**

Smoking slows down bone healing and has a higher chance of malunion or nonunion.

**Risks associated with obesity:**

Being overweight can make it difficult to reduce the fracture properly. It also decreases the ability of the splint or cast to hold the fracture reduced.

**Risks associated with diabetes:**

Diabetes may slow bone healing and may lead to higher infection rates.

**Risks specific to you:**

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**Alternative Treatments:**

- Do nothing or treat only with immobilization: Usually there would be a higher risk of malunion, nonunion, and loss of function.
- Proceed to open surgery: If recommended by your doctor, you could elect to proceed with open surgery which has its own risks and benefits.

**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.

I understand that in the event of an emergency my doctor may ask a partner to do the surgery.

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.

