



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent: Open Treatment of Fracture Dislocation

This information is given to you so that you can make an informed decision about treatment of your **fracture/dislocation**. Your doctor may try to put the fractured pieces back into their proper place. It maybe set in a cast or splint. If the fractured pieces cannot be lined up and held correctly, surgery may be needed.

Reason and Purpose of this Procedure:

Fracture surgery may include placing pins through the skin to hold the pieces in place without opening the fracture site. It can also include making an incision (cut) to open the fracture site and line up the pieces directly. They may be held in place by pins, rods, plates or screws (inside the skin), or an external fixation device which stays outside the skin. Pins and external fixators will be removed at a later time. Plates and screws many times are left in place even after the fracture has healed.

The goal of fracture surgery is to:

- Line up the fractured pieces of the bone.
- Hold the pieces in the proper place while they heal.
- Reduce the pain that comes from movement of the fractured bones.
- Allow faster recovery.
- Improve function.

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.

- Reduced pain.
- Improved position.
- Reduce the chance of deformity.
- Improved use during normal activities.
- Improved quality of life.

** Surgery for the treatment of fractures DOES NOT shorten the healing time.*

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 bleeding is excessive, 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:

- **Infections are rare, but serious when they occur.** Treating infections may need antibiotics, and sometimes more surgery. The hardware may need to be removed to cure the infection.
- **Damage to nerves, arteries, and tendons can occur.** Nerve damage can cause numbness or weakness. Artery damage can cause bleeding and may need repair. Tendon injury can affect the use of the arm or leg even if it is repaired.
- **Scarring around the fracture site can limit motion and function.** This is usually treated with therapy. Additional surgery is sometimes needed to remove the scar and help to restore motion and function.

- **Nonunion or malunion.** Despite surgery, the fracture may not heal or it may heal in an incorrect position. Either of these conditions could require additional surgery.
- **The devices can loosen or break over time.** This happens most often if the fracture does not heal. This can become painful and require additional surgery to treat the problem.
- **Symptomatic hardware.** In some cases the devices can become painful or bothersome, even if the fracture heals properly. You may need additional surgery to remove the hardware.
- **Failure to restore full function.** There is a chance that the surgery will not restore the involved part to its original function, even if the fracture heals.

Risks Associated with Smoking:

Smoking is linked to an increased risk of infections and an increased risk of the fracture not healing. Both can be serious complications requiring additional surgery.

Risks Associated with Obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications. The surgery incisions may be larger and lead to additional scarring.

Risks Associated with Diabetes:

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

Risks Specific to You:

Alternative Treatments:

- Cast treatment with the fracture in its current position.
- Do nothing. You may decide not to have the procedure.

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.

Medical Implants:

Federal laws and rules require patients to be notified of problems with medical devices. The hospital will keep a record of the implant used during surgery and may use this information to locate me if there is a problem.



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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: **Surgery for my fracture/dislocation** _____
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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: _____