Queensland		(Affix identification label here)	
Government	URN:		
	Family name:		<b>4</b>
4 11 04 1 11 41	Given name(s)	1	
Ankle Stabilisation	Address:		
	Date of birth:	Sex: M F I	<b>4</b>
Facility:			
A. Interpreter / cultural needs	•	The surgery may not work. This may cause the ankle to give way repeatedly and/ or instability of	
	No	the ankle.	4
	No No	Stiffness of the ankle that may or may not require further surgery.	
	No •	Nerve damage, which may cause pain around the site of the scar and/ or altered sensation at the	Э
B. Condition and treatment		back of the foot. This may be temporary or	
The doctor has explained that you have the followin		permanent.	
condition: (Doctor to document in patient's own wor	rds) •	Abnormal pain response to surgery with worsening of pain and disability.	<b>4</b>
	•	The surgical cut may cause changes to the sensation and colour of the limb.	
This condition requires the following procedure. (Doctor to document - include site and/or side when relevant to the procedure)	e	In some people, healing of the wound may be abnormal and the wound can be thickened and red and the scar may be painful.	
	D.	Significant risks and procedure options	
		octor to document in space provided. Continue in	-
Left ankle Yes No	Me	dical Record if necessary.)	h
Right ankle Yes No			
The following will be performed:			
This procedure is where the ankle is stabilised by			τ
either repairing ligaments or using a tendon to repla the ligaments.	ice		ح
C. Risks of a ankle stabilisation			Ę
There are risks and complications with this procedu	ro		
They include but are not limited to the following.	16.		$\frac{1}{2}$
General risks:			₽
<ul> <li>Infection can occur, requiring antibiotics and further treatment.</li> </ul>		Risks of not having this procedure octor to document in space provided. Continue in	
Bleeding could occur and may require a return     Bleeding could occur and may require a return		dical Record if necessary.)	Z
the operating room. Bleeding is more common you have been taking blood thinning drugs such			ΪZ
as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasant	in)		_
<ul> <li>Small areas of the lung can collapse, increasing</li> </ul>	•		$\cdot$
the risk of chest infection. This may need antibiotics and physiotherapy.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<ul> <li>Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.</li> </ul>			
•			
Heart attack or stroke could occur due to the strain on the heart.		Anadadia	
Heart attack or stroke could occur due to the		Anaesthetic s procedure may require an anaesthetic. (Doctor to	

off and go to the lungs.

Death as a result of this procedure is possible.

# Specific risks:

Infection requiring antibiotics and drainage.

All S	<b>Queensland</b> Government
	Government

### **Ankle Stabilisation**

	(Amx identification labe	nere)		
URN:				
Family name:				
Given name(s):				
Address:				
Date of birth:		Sex: M	F	

(Affiv identification label bare)

Facility:

## G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

About Your Anaesthetic OR
Epidural & Spinal Anaesthesia

- ☐ Ankle Stabilisation
- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

# I request to have the procedure

Name of Par	tient:					
Signature:						
Date:						
Consent i	s who lack capacity to provide consent must be obtained from a substitute decision n the order below.					
Does the patient have an Advance Health Directive (AHD)?						
☐ Yes ►	Location of the original or certified copy of the AHD:					
□ No ►	Name of Substitute Decision Maker/s:					
	Signature:					
	Relationship to patient:					
	Date: PH No:					
	Source of decision making authority (tick one):					
	☐ Tribunal-appointed Guardian					
	Attorney/s for health matters under Enduring Power of Attorney or AHD					
	☐ Statutory Health Attorney					
	If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)					
	·					

### H. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of

Name of Doctor/delegate:
Designation:
Signature:
Date:

### I. Interpreter's statement

I	nave	given	a	signt	trar	nsiation	Ir
---	------	-------	---	-------	------	----------	----

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

guardian/substitute decision-maker by the doctor.
Name of
Interpreter:
Signature:
Date:



# **Consent Information - Patient Copy Ankle Stabilisation**

Notes to talk to my doctor about:

### 1. What do I need to know about this procedure?

This procedure is where the ankle is stabilised by either repairing ligaments or using a tendon to replace the ligaments.

### 2. My anaesthetic

This procedure will require an anaesthetic.

See About Your Anaesthetic OR Epidural and Spinal Anaesthetic for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

# What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

#### General risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- · Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

### Specific risks:

- Infection requiring antibiotics and drainage.
- The surgery may not work. This may cause the ankle to give way repeatedly and/ or instability of the ankle.
- Stiffness of the ankle that may or may not require further surgery.
- Nerve damage, which may cause pain around the site of the scar and/ or altered sensation at the back of the foot. This may be temporary or permanent.
- Abnormal pain response to surgery with worsening of pain and disability.
- The surgical cut may cause changes to the sensation and colour of the limb.
- In some people, healing of the wound may be abnormal and the wound can be thickened and red and the scar may be painful.
