



# Femoropopliteal Bypass

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## A. Interpreter / cultural needs

- An Interpreter Service is required?  Yes  No  
If Yes, is a qualified Interpreter present?  Yes  No  
A Cultural Support Person is required?  Yes  No  
If Yes, is a Cultural Support Person present?  Yes  No

## B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....  
This condition requires the following procedure.  
*(Doctor to document - include site and/or side where relevant to the procedure)*

.....  
The following will be performed:

A femoropopliteal bypass surgery is used to by-pass diseased blood vessels above and below the knee, To bypass the blocked blood vessel, blood is re-directed through either a healthy blood vessel that has been transplanted or man-made graft material. This graft or vessel is sewn above and below the diseased artery so that blood flows through the new vessel or graft. The aim is to improve the circulation.

## C. Risks of a femoropopliteal bypass

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, Aspirin, 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:

- The graft may block and not improve the circulation or make the circulation worse. The leg below may develop signs of lack of blood supply and further surgery may be necessary, which may be amputation.
- Infection in the wounds is common because of poor blood supply to the area. This may require antibiotic therapy and long term wound care. There may be loss of limb.
- The groin wounds may discharge clear fluid called lymph for some time. This usually settles but may require further surgery (this is rare).
- Healing of the wound may be abnormal and the wound can be thickened and red (a keloid scar) and the scar may be painful.
- Rarely a leak may occur from the graft where it is sutured to the blood vessel, and it may form a lump called a false aneurysm. This may require further surgery.
- The leg usually swells after the surgery. This is usually temporary and not related to the arteries. You may need to wear a compression stocking.
- There may be nerve injury, which can cause heightened sensitivity and/or numbness in parts of the leg and foot. This is usually permanent.
- A synthetic graft may be used if my own vein is not useable.
- The synthetic graft may become infected. If the synthetic graft becomes infected it will need to be removed. This may result in limb loss.

## D. Significant risks and procedure options

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

## E. Risks of not having this procedure

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

## F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*



# Femoropopliteal Bypass

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## 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 me.
- 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 Anaesthetic
- Femoropopliteal Bypass
- Blood & Blood Products Transfusion

- 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 Patient: .....

Signature: .....

Date: .....

### Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in 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 Doctor/delegate: .....

Designation: .....

Signature: .....

Date: .....

## I. Interpreter's statement

I have given a sight translation in

.....  
*(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.

Name of Interpreter: .....

Signature: .....

Date: .....

DO NOT WRITE IN THIS BINDING MARGIN

# Consent Information - Patient Copy

## Femoropopliteal Bypass

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

Femoropopliteal bypass surgery is used to by-pass diseased blood vessels above and below the knee.

To bypass the blocked blood vessel, blood is re-directed through either a healthy blood vessel that has been transplanted or man-made graft material. This graft or vessel is sewn above and below the diseased artery so that blood flows through the new vessel or graft. The aim is to improve the circulation.

### 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.*

### 3. 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, Aspirin, 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:

- The graft may block and not improve the circulation or make the circulation worse. The leg below may develop signs of lack of blood supply and further surgery may be necessary, which may be amputation.
- Infection in the wounds is common because of poor blood supply to the area. This may require antibiotic therapy and long term wound care. There may be loss of limb.

- The groin wounds may discharge clear fluid called lymph for some time. This usually settles but may require further surgery (this is rare).
- Healing of the wound may be abnormal and the wound can be thickened and red (a keloid scar) and the scar may be painful.
- Rarely a leak may occur from the graft where it is sutured to the blood vessel, and it may form a lump called a false aneurysm. This may require further surgery.
- The leg usually swells after the surgery. This is usually temporary and not related to the arteries. You may need to wear a compression stocking.
- There may be nerve injury, which can cause heightened sensitivity and/or numbness in parts of the leg and foot. This is usually permanent.
- A synthetic graft may be used if my own vein is not useable.
- The synthetic graft may become infected. If the synthetic graft becomes infected it will need to be removed. This may result in limb loss.

#### Notes to talk to my doctor about:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....