General risks

They include but are not limited to the following.

- 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 Asasasantin).
- 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 surgery may not work and symptoms before surgery will persist after the surgery. Total knee replacement may be needed in the future.
- Numbness associated with the use of tourniquet with nerve and muscle damage at the site where the tourniquet was placed. This may be temporary or permanent.
- Skin death under the tourniquet, which may require further dressings and/or surgery and skin grafting.
- The possibility of the nerve at the knee being damaged, causing weakness and foot drop, and possible numbness in the foot. This may be permanent.
- Possibility of pressure developing in the muscle group in the lower leg which sometimes requires surgical release of pressure in the lower leg.
- Removal of the screws and/or plates after the operation. This will require further surgery.
- Damage to the artery behind the knee requiring vascular surgery or leg amputation.
- Bruising and swelling in leg below the operation site. This usually settles in time.
- 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.

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)
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 Anaesthesia
☐ Tibial Osteotomy

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

A tibial Osteotomy is the surgical removal of a wedge of bone to realign the limb. This may require a plate or staples to hold the bones in place.

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, 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:**
- The surgery may not work and symptoms before surgery will persist after the surgery. Total knee replacement may be needed in the future.
- Numbness associated with the use of tourniquet with nerve and muscle damage at the site where the tourniquet was placed. This may be temporary or permanent.
- Skin death under the tourniquet, which may require further dressings and / or surgery and skin grafting.
- The possibility of the nerve at the knee being damaged, causing weakness and foot drop, and possible numbness in the foot. This may be permanent.
- Possibility of pressure developing in the muscle group in the lower leg which sometimes requires surgical release of pressure in the lower leg.

**Removal of the screws and/or plates after the operation. This will require further surgery.**

**Damage to the artery behind the knee requiring vascular surgery or leg amputation.**

**Bruising and swelling in leg below the operation site. This usually settles in time.**

**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.**

**Notes to talk to my doctor about:**

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