



Fractured Femur

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)

Left thigh Yes No

Right thigh Yes No

The following will be performed:

This procedure is the fixation of the thighbone (femur) using a nail, plate, rod and screws.

C. Risks of a fractured femur

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:

- Non-healing of the fracture which may require another operation and/or bone graft.
- Pain at the wound in the buttock (nail insertion site).
- Bone forming in the muscles of the operated hip causing stiffness of the hip. This may require further surgery
- Pain and stiffness in the knee. This may be permanent.
- Removal of the nail at some stage.
- Deformity of the bone with rotation and/or bending of the hip bone causing a limp. This may be permanent.
- Shortening or lengthening of the fractured leg.
- Numbness and/or weakness due to nerve injury. This may be permanent.
- Injury to blood vessels. This may require surgical repair.
- Breakage and loosening of screws/ wires/ staples. These may have to be removed by having further surgery.
- The bones may not knit properly. This may require further surgery and removal of plate and screws.
- Numbness may occur at the site where the tourniquet was placed due to nerve and muscle damage, caused by the tourniquet. This may be temporary or permanent. Another operation may be required to correct the situation.
- Skin death under the tourniquet, which may require further dressings and / or surgery and skin grafting.
- Damage to nerves and/or blood vessels. This may require further surgery.
- 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.

- This consent document continues on page 2 -



Queensland
Government

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D. Significant risks and procedure options

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

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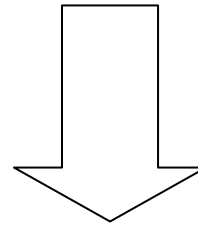
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- This consent document continues on page 3 -



E. Risks of not having this procedure

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

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F. Anaesthetic

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

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DO NOT WRITE IN THIS BINDING MARGIN



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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**
- Fractured Femur**
- 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:

Consent Information - Patient Copy

Fractured Femur

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

This procedure is the fixation of the thighbone (femur) using a nail, plate, rod and screws.

2. My anaesthetic

This procedure will require an anaesthetic.

See **About Your Anaesthetic OR Epidural & Spinal Anaesthesia** 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).
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Notes to talk to my doctor about:

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