PATIENT CONSENT FORM – ANTERIOR CRUCIATE LIGAMENT (ACL) RECONSTRUCTION

INCLUDING KNEE ARTHROSCOPY+/- KNEE JOINT WASHOUT, MENISCAL SHAVING, MENISCECTOMY, FROEIGN/LOOSE BODY REMOVAL, LATERAL RELEASE, MICROFRACTURE, RADIOFREQUENCY ABLATION.

PATIENT NAME:_____ SIDE: _____

PROCEDURE: The Anterior cruciate is a ligament that runs inside the knee from the thigh bone to the shin bone giving stability to the knee joint. Loss or damage of the ligament can make the knee more prone to 'giving way'. Your ACL has torn (ruptured). You have come to a joint decision with your surgeon to attempt a reconstruction. Unfortunately, once this ligament has torn, it cannot usually be repaired. As a result, a new ligament must be made from elsewhere (a graft). There are a few methods and types of graft available. We may use graft taken from a cadaver (allograft) or from your knee (autograft). Whichever your surgeon chooses depends on their preference or suitability for your case.

An arthroscopy means "looking into a joint" with a camera. It allows the surgeon to examine the knee joint and perform some operations without having to open the knee completely. Through the first incision, we pass a telescope with a camera. This shows pictures on a nearby television screen. The second or third incision may allow tools or drains to be passed into the joint. The tools include probes, shavers, scissors and punches.

The surgeon might not be able to say exactly what needs to be done until they are looking inside the knee. Therefore the consent form is non-specific. It allows the surgeon to treat most abnormalities found during the operation.

ALTERNATIVE PROCEDURE: Some patients simply avoid activities that cause their knees to be unstable. Physiotherapy and increasing strength of hamstrings and quadriceps may be able to compensate for the injury. The knee may still however be prone to 'giving way' and instability. The decision to proceed to a reconstruction should be a joint one between yourself and the surgeon.There are also alternative methods of reconstruction and numerous grafts that can be used. You should discuss the options with your surgeon beforehand.

RISKS

COMMON (2-5%)
Pain: the knee will be painful after the procedure. Pain killers will be given to prevent this including enough to go home with.
Numbness: the skin around the knee or shin may be temporarily or more permanently numb due to damage of small nerves.
Swelling/ Haemarthrosis: This is a collection of fluid or less commonly, blood in the knee joint. In most cases, the body will absorb the fluid itself. If the swelling becomes too large, the surgeon may feel an operation is necessary.
Stiffness: you may have difficulty in straightening your knee or squatting.
Persistent pain: pain may persist after the procedure. A repeat arthroscopy or other knee operation may be required.
Continued instability: weakness and instability may occur despite adequate surgery

LESS COMMON (1-2%)
Infection: the wound sites may become red, painful and hot. There may also be a discharge. These are signs of infection and can usually be treated by antibiotics. The infection may spread to the knee joint itself (requiring a washout) and removal of the graft. Infection may also spread to the blood (sepsis) requiring intravenous antibiotics.
Graft rupture: (torn graft) this may occur after further trauma. Further surgery may be necessary.

RARE (<1%)
Damage to structures within the knee: this is rare, but may cause further damage and symptoms. This may need further treatment including operation. These include fractured knee cap (patella) if a patellar tendon graft is used.
Damage to the skin under the tourniquet: this may require dressing, surgery or skin graft. There may also be numbness of the skin under the tourniquet, this is usually temporary.
Damaged instruments: these may break within the knee and require an opening of the joint to remove them.
Abnormal wound healing: the scar may become thick, red and painful (keloid scar). This is more common in Afro-Caribbeans. There may also be delayed wound healing for numerous reasons.
Compartment syndrome: this is a build up pressure within the lower leg and can cause nerve damage, blood vessel damage and muscle damage. If this ooccurs, an emergency operation will have to be performed to prevent death of tissue of the lower leg/ foot.
Osteoarthritis: this can be more common after joint operations.

Confirmation of consent :

I, the undersigned_____(full name please),

ID number:_____ acting for myself,

(or in my capacity as_____to the patient named above),

hereby consent to the surgical and other management of my current illness/illnesses and instruct my orthopaedic surgeon Dr._____to perform an ACL reconstruction procedure on me.

I have read/ understand the procedure, risks and complications. I have asked any questions and raised any immediate concerns I might have.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure

I agree/disagree to the use of a blood transfusion should I require it. (delete which option is not appropriate)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health. I consent to such alteration of the scope of the operation. I recognise that there are also other possible very remote potential complications of medical treatment.

I am legally entitled to give consent for surgery.

Signature of person giving consent: _____Date: _____

Signature of witness: _____Date: _____

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