

Informed Consent for Foot and Ankle Surgery

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Patient Name:

Diagnosis:

Surgical Procedure:

GENERAL INFORMATION: When considering foot and ankle surgery, there are certain potential risk and complications about which you need to be informed. To the best of our ability, we will attempt to minimize these risks through specific interventions. The following discussion is not meant to discourage you from deciding on a procedure, but rather is meant to make you an informed participant in your own care.

MATERIAL RISKS OF OPERATION

Infection: Any time an incision is made, there is a potential for bacteria to settle in the wound and around hardware. Most infections can be managed with local wound care and oral antibiotics. In rare cases, it may require further surgery, removal of hardware and/ or intravenous antibiotic treatment.

Deep Vein Thrombosis: Anytime a patient is inactive for a prolonged time, there is a risk that a blood clot may develop. This typically manifests itself by a tender, warm, swollen calf. However, blood clots can be silent. A blood clot can break free from the leg veins and travel to the lung or brain. This is a serious complication and can cause death. If indeed venous thrombosis (blood clot) is diagnosed, you will need to be maintained on prolonged anti-coagulation for weeks to months. Various preventative measures are used, including special stockings, boots and occasionally blood thinners to prevent blood clots.

Myocardial Infarction/Stroke: During the course of any operation and in the rehabilitation phase following operation, you are experiencing increased stress levels and the increased chance of developing a myocardial infarction (heart attack) or a stroke. There are serious complications that can cause death. You may be evaluated pre-operatively by an internal medicine doctor to help limit this risk.

Confusion: You understand that with surgery and post-operative recovery comes the chance for experiencing temporary confusion and/or disorientation.

Continued Pain: A main goal of most surgeries is the reduction of foot or ankle pain. Although this is the goal of surgery, there are some patients who will have continued pain despite having surgery. It is necessary for the patient to understand that this may occur despite efforts of both the patient and the surgeon.

Non-Union: Some surgeries require the fusion of two or more bones together. Sometimes these fusions require the use of bone graft, either an autograft (from you) or an allograft (from a donor). The body may not support the growth of the two bones together and this is called a non-union. If this occurs, further surgery may become necessary. Smoking and other medical conditions can increase your risk of non-union, so it is very important that smoking be avoided.

Failure of the Implants: Some procedures require the use of screws and plates placed into the bone. The implants may become unstable or loose from mechanical stress at the junction between the implant and bone. When this occurs, further surgery may be necessary.

Nerve or Blood Vessel Damage: During or after surgery, nerves or blood vessels may be subject to pressure or damage resulting in numbness or weakness. This may or may not be permanent.

Wound and Incision Complications: You may develop marked scarring from the surgical incision as well as some numbness in the area of the incision. Occasionally wounds take several weeks

or months to close and additional surgery may be required. Smoking and other medical conditions can increase your risk of delayed wound healing, so it is very important that smoking be avoided. In extremely rare circumstances, the wound can become serious enough that management by a plastic surgeon is necessary to help close and cover the wound.

Anesthetic Risk Factors: The risks associated with administration of anesthesia will be discussed with you by the anesthesiologist.

Other Risks Specific to your Surgery:

ALTERNATIVES TO SURGERY

Surgical and nonsurgical alternatives to the recommended operation have been discussed with me. Included in these alternatives were: (1) therapy and observation (2) medication (3) injections (4) changes in job or activity level (5) orthotics or wider shoes (6) do nothing.

EXPECTATION OF OUTCOME

The expected result of the planned operation is decreased pain and improve function.

I have been explained the diagnosis, the basis for this diagnosis, the treatment options that are available, and the surgical procedure that is under consideration. I understand the nature of the surgical procedure. I understand that the decision for surgery is an elective decision and it is for me to decide whether to proceed with surgery. I understand there is no emergency condition or other reason that requires or demands surgery to be performed. Alternatives to surgery, and the implications and outcomes of non-surgical options were explained to me. I clearly understand the rehabilitation protocol and the risks, benefits, and alternatives. I also understand the potential complications that were discussed with me. It is made clear and I do understand that these complications are not an all-inclusive list, and unexpected complications other than these discussed can also occur.

I have been given an opportunity to ask questions related to the recommended treatment and procedure and every opportunity has been made available to me to ask any questions and clarify any doubts with regards to the treatment.

I understand that the diagnosis is based within a reasonable degree of medical certainty and to the doctor's best ability based on a combination of medical history, clinical examination findings, and diagnostic tests. While this is based on a reasonable degree of medical certainty and the doctor's best ability, I do understand that there could be a difference in the surgical findings from the diagnosis made and there is no certainty or guarantee as far as the diagnosis itself.

As a consequence of the above and based on surgical findings or surgical circumstances, I understand that it is possible, that some or all of the procedures discussed may not be possible and may not be performed at the time of my surgery. I also understand that some additional procedures beyond those that were discussed may need to be performed and informed consent was provided for this, and I do consent for both the situations where some or all of the procedures discussed could not be performed. I do consent for any required additional procedures as are deemed necessary based on surgical findings and circumstances

It is my understanding that assistance during surgery is necessary, and I authorize and permit for the use of assistance in the form of physician assistants, surgical assistants, resident-physicians and other surgeons, as are required for a successful outcome on performance of the case.

I understand that preoperative laboratory studies have been ordered in an effort to facilitate medical evaluation and clearance by my medical/primary care physician. I do understand that the podiatric surgeon's expertise does not extend to evaluation and management of these medical conditions or laboratory studies, and I acknowledge and fully understand that these laboratory studies are being ordered to facilitate my medical clearance by my medical/primary care physician, and I will follow up for these laboratory studies with my medical/primary care physician.

I understand all of these and I acknowledge that I have been provided an opportunity to clarify any questions or doubts that I have with regards to all the above and provide informed consent for surgical intervention as discussed.

PATIENT: I understand the risks, benefits, and alternatives to the proposed operation, procedure, or treatment. I consent to the operation, procedure, or treatment to be performed.

Printed name of patient

Signature of patient

Date/Time

WITNESS: The patient appears to understand the material covered in the consent forms and signed this form on the date indicated.

Printed name of witness

Signature of witness

Date/Time

Pre-Operative Instructions

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Pre-Operative Hygiene Instructions:

- The day before your procedure:
 - Scrub your feet 3 times with soap, use a washcloth and be vigorous.
 - Trim toenails and clean under toenails scrub them with a firm brush (an old toothbrush will work nicely)
- Bathe or shower the morning of or the evening before your procedure.

General Pre-Operative Information:

- Do not eat or drink anything after the midnight before your procedure.
- Dress comfortably the day of surgery.
- Arrange for transportation on the day of surgery. Do not drive yourself. You must bring a responsible adult with you to drive you home the day of your procedure.

Please call the office if you do not understand any of these instructions, need clarification, or have any questions/concerns. During business hours please call (312) 842-4600. An answering service is available 24/7.

Post-Operative Instructions

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General Information:

- Do not sign any legal papers or make any legal decisions for 48 hours after surgery.
- Do not drink anything containing alcohol for at least 48 hours after surgery or while taking any pain medication.
- It is illegal to drive or operate machinery while in any surgical shoe, cast, splint, or CAM walker boot.

Ice/Cryotherapy:

- Ice may be applied behind the knee to cool the blood going to the foot and ankle.
- Do not apply either the ice packs or cooling device directly to your skin.

Surgical Dressing:

- If pain/pressure persist in the foot and ankle you may remove the outer Ace bandage, then reapply more loosely over the sterile gauze dressing
- Keep dressing, splint, or cast clean and dry until follow-up appointment
- Call the office immediately if the dressing gets wet

Normal Symptoms and Findings After Surgery:

- Pain and warmth is normal.
- Bloody drainage and limited areas of numbness may be present around incisions.
- Bruising and swelling in the toes may occur.
- Low grade temperature (less than 100.5 degrees F) is common after surgery.
- Deep breathing exercises are helpful.

You Should Call the Office Immediately if You Notice Any of the Following:

- Fever of greater than 101 degrees F and/or chills
- Persistent uncomfortable warmth or redness around the dressing
- Persistent unbearable pain
- Nausea and/or vomiting
- Pain, redness, or swelling in one or both legs
- Chest pain, calf pain, shortness of breath, or coughing

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Affiliated Hospitals and Surgery Centers

Dr. Jonathan L. Hook, DPM, MHA

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1. Mercy Hospital and Medical Center
2525 S. Michigan Ave, Chicago IL 60616
(312) 567-2000
2. Advocate Christ Medical Center
4440 95th St, Oak Lawn IL 60453
(708) 684-8000
3. Center For Minimally Invasive Surgery
19110 Darwin Drive, Mokena IL 60448
(708) 478-8889
4. La Grange Memorial Hospital
5101 Willow Springs Road, La Grange, IL 60525
(708) 245-9000
5. Advocate Trinity Hospital
2320 E 93rd St, Chicago, IL 60617
(773) 967-2000

Contact:

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