

TOTAL KNEE REPLACEMENT

Total knee replacement is a surgical procedure in which injured or damaged parts of the knee joint are replaced with artificial parts. The procedure is performed by separating the muscles and ligaments around the knee to expose the knee capsule (the tough tissue surrounding the knee joint). The capsule is opened, exposing the inside of the joint. The ends of the thigh bone (femur) and the shin bone (tibia) are removed and often the underside of the kneecap (patella) is removed. The artificial parts are cemented or screwed into place. The new knee will consist of a metal shell on the end of the femur, a metal and plastic trough on the tibia and, if needed, a plastic button in the kneecap.

Patient's
Initials

- _____ The details of the procedure have been explained to me in terms I understand.
_____ Alternative methods and their benefits and disadvantages have been explained to me.
_____ I understand and accept possible risks and complications include but are not limited to:

- *bleeding*
- *blood clot/phlebitis*
- *blood/fat embolus*
- *discrepancy in leg length*
- *dislocation of the joint*
- *fracture of host site*
- *heart attack*
- *infection*
- *loosening of the prosthesis*
- *loss of limb*
- *neurovascular damage*
- *re-operation or incision*
- *stroke*
- *swelling*
- *implant failure*

- _____ The physician has final decision in types and materials used.
_____ I understand and accept that there are complications, including the remote risk of death or serious disability that exists with any surgical procedure.
_____ I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The physician will do his/her best to minimize scarring, but cannot control its ultimate appearance.
_____ I am aware that smoking during the pre- and postoperative periods could increase chances of complications.
_____ I have informed the physician of all my known allergies.
_____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.
_____ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.
_____ I am aware and accept that no guarantees about the results of the procedure have been made.
_____ I have been informed of what to expect post-operatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.

_____ I understand that any tissue/specimen removed during the surgery may be sent to pathology for evaluation.

_____ The doctor has answered all of my questions regarding this procedure.

I certify that I have read and understand this consent form and that all blanks were filled in prior to my signature.

I authorize and direct _____, M.D./D.O., with associates or assistants of his or her choice, to perform a knee replacement on _____, my
(patient name)

right knee

left knee

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient or Legal Representative Signature / Date

Relationship to Patient

Print Patient or Legal Representative Name

Witness Signature / Date

I certify that I have explained the nature, purpose, benefits, risks, complications, and alternatives to the proposed procedure to the patient. I have answered all questions fully, and I believe that the patient / legal representative *(circle one)* fully understands what I have explained.

Physician Signature / Date

_____ copy given to patient
chart initial

_____ original placed in
initial