Partial Knee Replacement Consent Form

This form should only be used if the patient has capacity to give consent. If support is required with consent (interpreter, witness, carer, guardian, parent, or any other relevant support) please ensure they are present. If the patient does not legally have capacity, please use an appropriate alternative consent form from your hospital or hub. This form will be the result of a shared decision conversation between a clinician and patient. "You / your / me / my" hereby refers to the patient.

Please note it is common NHS practice for your consent to be taken by a clinician other than the operating or listing surgeon. This clinician will be suitably trained and competent to take consent. They will be referred to as the "responsible healthcare professional" in this form.

You will be provided with additional patient information about your procedure by your hospital or hub site. These will be provided in a language and format that suits you.

You may have questions before starting, during or after your procedure. Contact details are provided for any further queries, concerns or if you would like to discuss your treatment further. The risks quoted in this consent form for surgery assume that you have no additional factors which would increase your risk. The clinician discussing the consent with you will explain if you have health conditions or factors that may increase your risk.

Your details (Print or sticker)

First name:

Last name:

Date of birth:

NHS or Hospital number:

Responsible Health Professional:

My requirements: e.g, transport, interpreter, assistance

Patient name: _____ **NHS or Hospital number:** _____

Details of Partial Knee Replacement

Partial Knee Replacement Procedure:

This procedure involves an operation to replace part of the knee with an artificial joint, made from plastic and metal parts. If one of the 3 components of the knee is being replaced it will often be called a unicompartmental knee replacement.

Extra procedures:
(Tick as appropriate)

☐ **Other procedures** (please specify)

Site and side:
(Tick as appropriate)

☐ **Left** ☐ **Bilateral**
☐ **Right**

Indication for, and purpose of surgery / benefits:
(Tick as appropriate)

☐ **Osteoarthritis of the knee** – to reduce pain or stiffness in the knee and to improve mobility
☐ **Other(s)** _____

Alternatives considered:
(Tick as appropriate)

☐ **Conservative management** Conservative management is a term used when a condition is managed without surgery or other invasive procedures or treatments. You may choose not to have surgery and live with these symptoms which may stay the same or get worse. If symptoms worsen you might choose to have surgery later in life if appropriate. Changes such as weight-loss, reducing strenuous activity, physiotherapy, and anti-inflammatory medications may help to reduce symptoms.

☐ **Intra-articular injection into the knee** An intra-articular injection into the knee is a procedure to inject medication – usually steroid +/- local anaesthetic to help reduce pain and inflammation. The effect can last anywhere from a week to 6 months but is generally temporary.

☐ **Arthroscopic knee surgery** Arthroscopic knee surgery involves using a telescope to look inside the knee joint to diagnose and treat potential causes of knee symptoms. In diagnosed osteoarthritis this is usually reserved for removal of loose bodies where there is mechanical locking of the knee.

☐ **Total knee replacement** A total knee replacement involves replacing the whole knee joint with an artificial joint, made from plastic and metal parts.

☐ **Other(s)** _____

Risks related to surgery (these may occur immediately after surgery, in the short or long-term)

Expected
Will probably happen

Discomfort and Pain Discomfort is a feeling of being uncomfortable, often due to pain, swelling, irritation or stiffness. It is normal to have some discomfort for a few days or weeks after the operation. Pain relief options will be discussed with you.

Visible scar A scar is formed during the healing process if the skin is injured, whether by surgery or other means. Normal scars will fade and become paler over time, but do not completely disappear.

Common
Might happen
(more than 1 in 20)

Nerve injury Nerve injury is when a nerve - cables which carry information between the brain and other tissues - is either bruised or cut. This can lead to numbness or occasionally weakness of the affected area. Often these symptoms resolve with time. More rarely procedures are needed to repair a nerve that is injured, and sometimes numbness or weakness is permanent.
It is common to have a patch of numbness around the scar.

Conversion to a total knee replacement During the procedure it may become apparent that the damage to the knee is more widespread than expected. If this is the case it may be decided that replacement of the other compartments of the knee joint should also be performed - a total knee replacement. A total knee replacement is associated with more post-operative pain and a longer recovery time compared to a unicompartmental knee replacement.

Continued…

Patient name: _____ **NHS or Hospital number:** _____

Risks related to surgery continued (these may occur immediately after surgery, in the short or long-term)

Common
Might happen (more than 1 in 20)

Blood clots (deep vein thrombosis or pulmonary embolus) Blood clots can form in the veins of the legs (deep vein thrombosis), causing pain and redness in the leg, and are more likely to occur after an operation, when people move around less. These clots can occasionally also travel from the legs to the lung (pulmonary embolus) and can cause problems with breathing. Clots in the leg or lung require treatment such as with blood thinning medications. Getting moving early after an operation reduces your risk of clots. You may be advised to wear compression stockings or calf compression pumps and have blood thinning injections following surgery to help reduce the risk of clots. This depends on the procedure you are having and your medical history.

Further procedure needed Another procedure may be planned or needed based on the outcome or findings of the procedure, or from complications of the procedure. Even if the procedure is initially successful, a proportion of patients require further surgery over the years after the original procedure. This can be because the implant wears out or becomes loose, or because the unreplaced parts of the knee can wear out. The revision operation may be a replacement of a component of the unicompartmental knee replacement, conversion to a total knee replacement, or addition of another unicompartmental knee replacement to the other part of the knee. Evidence from the National Joint Registry suggests that the rate of revision over 10 years is approximately 10%.

Ongoing symptoms Despite the procedure, the symptoms may continue. Sometimes this leads to further tests or treatments being recommended. The parts of the knee joint that have not been replaced can go on to develop osteoarthritis, leading to a recurrence or worsening of symptoms. Osteoarthritis in these areas can be treated with further partial joint replacements, or with conversion to a total knee replacement. Instability symptoms - where the knee feels as though it may give way or buckle - can rarely develop after the operation and is one of the reasons some patients need a further (revision) operation.

Prosthesis wear and tear Wear and tear of the implant occurs over time. Knee replacements usually last for many years, but in some cases wear and tear leads to recurrence of symptoms and is one of the reasons some patients need a further (revision) operation

Uncommon
Unlikely to happen (fewer than 1 in 20)

Wound infection A wound infection is an infection of the skin or underlying tissues, where a cut has been made, often causing redness or swelling. It may require treatment with antibiotics. Occasionally, drainage of a collection of infected fluid (pus) or further surgery is also needed. The risk of developing a wound infection is higher in some patients, including those who are obese, are smokers, and patients with diabetes.

Significant bleeding Some bleeding is expected during most procedures, however significant bleeding may require further treatment. Usually it can be dealt with during the procedure but may lead to a change from the planned procedure, need a blood transfusion, or need further emergency treatment. A tourniquet is often used - placed around the thigh - during the procedure to reduce the risk of bleeding.

Rare
Probably won't happen (fewer than 1 in 100)

Fracture during operation An intraoperative fracture is an accidental break (fracture) of a bone that occurs during an operation. This will usually need fixation, either during the procedure or a further operation. Occasionally some or all of the artificial joint needs to be removed and replaced as part of any fixation.

Rarely, a fracture of the bone, (usually the thigh bone) can occur during the procedure. If it is noticed then it may need to be fixed at the time of surgery. If this is the case then your surgeon may ask you not to put your full body weight on the operated leg for a few weeks after surgery.

Vascular injury Vascular injury describes damage to a blood vessel. This can cause significant bleeding or problems with the blood supply to the area that blood vessel serves. Further treatment or surgery may be needed. This is a very rare and serious complication of knee replacement surgery but further treatment by vascular surgeons may be required in severe cases, in order to repair the vessel and maintain the blood supply to the lower leg. Extremely rarely this is not possible and an amputation - loss of the lower leg - becomes necessary.

Perioperative risks There are a number of complications which having any operation increases the risk of - called perioperative risks ('peri' means 'around the time of'). These include allergies and risks of having an anaesthetic, which will be discussed with you by an anaesthetist. Other complications include a chest infection, problems with the heart (including a heart attack), a stroke, memory problems or worsened kidney function. Any existing medical problem could also deteriorate. Perioperative complications may increase the length of your hospital stay, require additional treatment including in some cases admission to intensive care, and may be life threatening.

Continued…

Patient name: _____ **NHS or Hospital number:** _____

Risks related to surgery continued (these may occur immediately after surgery, in the short or long-term)

Rare
Probably won't happen (fewer than 1 in 100)

Knee stiffness Knee stiffness is a term for not being able to move the knee joint easily. Any stiffness that was present before the procedure may persist or worsen, or new symptoms may occur. Physiotherapy can often be helpful.

Blood Clot (collection of blood) Blood clots can form in the veins of the legs (deep vein thrombosis), causing pain and redness in the leg, and are more likely to occur after an operation, when people move around less. These clots can occasionally also travel from the legs to the lung (pulmonary embolus), and can cause problems with breathing. Clots in the leg or lung require treatment such as with blood thinning medications. Getting moving early after an operation reduces your risk of clots. You may be advised to wear compression stockings or calf compression pumps and have blood thinning injections following surgery to help reduce your risk. This depends on the procedure you are having and your medical history.

Infection requiring removal of prosthesis Any prosthetic material that is implanted in the body can become infected. It is very difficult to treat this type of infection with antibiotics alone, so the material may need to be removed. Once the infection is fully treated, it may be possible to place a new prosthesis.

Death There is a risk of dying either directly due to the procedure or treatment, or from complications in the subsequent days or weeks. The risk is dependent on many factors including your age and any underlying medical problems you may have. The average risk of death within 30 days of the operation - across everyone having the operation - is 1 in 3,000.

Abnormal scarring Abnormal scarring is when a wound heals leaving a scar that is either larger or a different colour (hypertrophic or keloid scar), or more uncomfortable than is typical. This can occur more often if a wound has taken a long time to heal, and in certain skin types.

Joint dislocation A joint dislocation is when part of the joint pops out of place. This will usually mean that the joint cannot work as it should, and the dislocation needs to be reduced - to be put back in place. Unicompartmental knee replacements use either a mobile bearing or a fixed bearing, depending on surgeon preference. Rarely, mobile bearings can dislocate which may require further surgery to put it back in place or, rarely, to change one of the components of the unicompartmental knee replacement.

Patient specific risks

Patient Specific Risks

Patient specific concerns

If you have any **specific concerns or personal risks** to you from your treatment, you can record them here. Please use this space to **record any concerns around allergies / reactions** and also any life saving **procedures that you do not wish to be carried out** without further discussion.

Any extra procedures which may become necessary during the procedure:

☐ Blood transfusion:

☐ Other procedures (please specify): _____

Patient name:

NHS or Hospital number:

Statement of healthcare professional

(to be filled in by health professional with appropriate knowledge of proposed procedure)

– I am suitably trained and competent and have sufficient knowledge to consent this patient in line with the requirements of the of my regulatory body.
– I have discussed what the treatment is likely to involve, the benefits and risks of this procedure.
– I have discussed the benefits and risks of any available alternative procedures or treatments including no treatment.
– I have considered any additional patient-specific factors and discussed these with the patient alongside their particular concerns.
– I can confirm that the patient has the capacity to give consent.

Patient information leaflet provided: ☐ Yes / ☐ No – Details:

Copy of consent form accepted by patient: ☐ Yes / ☐ No

Name:

Job title:

Date:

Signature:

Statement of patient

Please read this form carefully. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

You must consent to the following section to proceed with your surgery:

– I confirm that I have read and understood pages 1 to 5 of the consent form.
– I understand the diagnosis and agree with the course of treatment described on this form.
– I have had the opportunity to discuss treatment alternatives, including no treatment.
– I have had the purpose, aims and possible risks of treatment explained to me.
– I understand that the operating person, who will have appropriate expertise to carry out the procedure, may not have been involved in my pre-operative assessment or care to date.
– I understand my anaesthetic options will be or have been discussed with an anaesthetist where we will jointly decide which option is best for me. I understand that the type of anaesthesia may need to be altered if there are any complications during the procedure.
– I have been told about additional procedures which are necessary prior to treatment or may become necessary during my treatment. This may include permanent skin marks, photographs, and / or tissue samples to help with treatment planning and identification.
– 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 have spoken to my health care professional about any lifesaving procedures I do not wish to happen.
– I understand that relevant and appropriate patient specific data for this procedure will be collected and may be used in the context of providing clinical care, and/or audit purposes in compliance with Data Protection Act (2018).

Statement of: interpreter witness

(where appropriate)

☐ I have interpreted the information contained in this form to the patient to the best of my ability and in a way in which I believe they can understand.

or

☐ I confirm that the patient is unable to sign but has indicated their consent.

Name:

Signature:

Additional Consent: ***This section will not stop you from receiving surgery but will help with future learning and training.*** **Please tick if you consent:**

☐ I understand that there may be health care professionals that are training during my procedures such as medical students, and trainee nurses. I consent that they may participate in examinations relevant to my procedure, supervised by a fully qualified professional.

☐ I understand that information collected during my procedure including images, may be used for education and research (which may be published in medical journals). All information will be anonymised and used in a way that I cannot be identified.

☐ I agree that my health records may be used by authorised members of staff, who are not directly involved in my clinical care, for research approved by a research ethics committee and in compliance with the Data Protection Act (2018).

Tick if relevant: ☐ I confirm that there is no risk that I could be pregnant.

Name:

Date:

Signature:

Patient name: **NHS or Hospital number:**

Anaesthesia

Anaesthetic is used to allow surgery to take place painlessly. It may include medicines which put you to sleep or those which only numb the area you are having operated on while you remain awake. This can be done in a variety of ways and your anaesthetist will advise you on your options and talk to you about the risks, complications, and benefits of types of anaesthetic. If there are particular anaesthetic risks/concerns for any particular patient these should be separately documented in the patient's records.

Anaesthetic options and risks will be discussed with you on the day of surgery with an anaesthetist. This is a shared decision-making process, and you will jointly decide and agree which anaesthetic option is best for you. Please remember that if there are any complications during surgery, your anaesthetist may need to alter the type of anaesthesia and will explain this to you before the procedure.

For further information about the types of anaesthetic you may receive, and potential risks please see information below.

Types

Risks

https://www.rcoa.ac.uk/documents/anaesthesia-explained/types-anaesthesia

https://www.rcoa.ac.uk/patient-information/patient-information-resources

If you do not wish to access the additional patient information via link or QR code, please speak to your clinician and they will provide you with a hard copy. These will be provided in a language and format that suits you.

To be filled out by Anaesthetist (On day of surgery)

Name of Anaesthetists on the day: **Date:**

☐ I confirm I have discussed the different anaesthetic options with the patient, including risks and benefits and we have jointly decided what the preferred anaesthetic is.

Please note the preferred method of Anaesthesia as discussed between the patient and anaesthetist below:

Signature:

To be filled out by your responsible healthcare professional (On day of surgery)

Reconfirmation of consent / Withdrawal of consent (where appropriate)

Reconfirmation of consent: ☐ Withdrawal of consent: ☐ See advance decision to refuse treatment: ☐

Name: **Date:**

Signature:

The responsibility for informed consent is between the patient and the consenting clinician and the NHS trust. NHS England, Getting It Right First Time (GIRFT) and associated organisations are supplying this resource which should be used/amended by the clinician as they see fit according to their clinical judgement. NHS England, GIRFT and associated organisations do not accept any liability for the consent collected using this resource or the subsequent treatment including surgical and additional procedures.