

Scarf osteotomy – Bunion 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

Details of Scarf osteotomy - Bunion

Scarf osteotomy - Bunion Procedure:	This procedure involves: A scarf osteotomy is an operation to correct a bunion (hallux valgus) deformity and involves making a cut over the bunion itself. The tight tissues on the side of the big toe are freed and the bony lump is removed. The metatarsal bone is cut and moved slightly to narrow the foot and realign the big toe.
Extra procedures: (Tick as appropriate)	<input type="checkbox"/> Other procedures (please specify)
Site and side: (Tick as appropriate)	<input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Right
Indication for, and purpose of surgery / benefits: (Tick as appropriate)	<input type="checkbox"/> Bunion – to reduce pain or stiffness, improve the function and mobility of the foot, and reduce the risk of complications from the deformity such as ill-fitting shoes, skin breakdown or ulceration. <input type="checkbox"/> Other(s)
Alternatives considered: (Tick as appropriate)	<input type="checkbox"/> 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. <input type="checkbox"/> Physiotherapy Physiotherapy can help to restore movement, function, and reduce the risk of future injury. <input type="checkbox"/> Cheilectomy A cheilectomy is a procedure to shave off a piece of overgrown bone from the upper part of the big toe joint. It is performed through an incision (cut) over the big toe. This procedure reshapes the bony prominence on the big toe but does not realign the toe, which may be beneficial in patients without significant toe deformity. <input type="checkbox"/> Fusion of the first metatarsophalangeal (MTP) / tarsometatarsal (TMT) joint These fusions are operations to permanently fuse (fix) together either two of the bones in the big toe (MTP fusion) or the base of the big toe to a bone of the midfoot (TMT fusion). It straightens the bones and may help to reduce pain in some patients, but also stops the joint from moving at all. <input type="checkbox"/> Other(s)

Possible early or short-term risks

Rare

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

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.

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.

Damage to surrounding tendons Tendons are located close to joints and can be injured during surgery. Usually a damaged tendon will be noticed and repaired at the time. If this is not done, the injury may lead to loss of movement of the joint that tendon serves.

Possible late or long-term risks

Expected

Will probably happen



Discomfort and Pain Discomfort is a feeling of being uncomfortable, often due to pain, 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.

Common

Might happen
(more than 1 in 20)



Ongoing symptoms Despite the procedure, the symptoms may continue. Sometimes this leads to further tests or treatments being recommended.

Numbness Numbness is the term for reduced touch sensation of the skin and may also include reduced sensation of pain or temperature. It is often temporary but can be permanent.

Recurrence Following the treatment, the problem may recur (come back), having initially been treated. Sometimes a repeat operation is desired or required.

Uncommon

Unlikely to happen
(fewer than 1 in 20)



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.

Toe deformity Toe deformity describes an abnormal alignment of the toe. Although this procedure is often performed to correct deformities of the toe, a normal toe position may not be restored, or healing and scarring may cause a different toe deformity.

Chronic pain Chronic pain is a term for pain that has lasted for a long time, over a period of several weeks or months. There are a range of treatments to help with chronic pain, including painkillers, pain procedures, as well as exercise and behavioural therapies.

Rare

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



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.

Deep infection A deep infection is an infection that is deeper than the skin and the tissues just below the skin. If the screw or the joint itself is involved in the infection, then a washout in theatre and/or removal of the screw may be needed in addition to antibiotic treatment.

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.

Skin necrosis Skin necrosis is when skin cells are injured and die. This can happen in the skin surrounding a wound and is sometimes related to wound infection. It may require a further procedure to remove the dead skin.

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.

Nonunion or malunion Nonunion or malunion are both medical terms for poor bone healing. Nonunion is when the break in the bone does not repair at all and malunion is when the broken bone does not repair normally.

Problems with metalwork The metalwork may become more prominent and be felt under the skin. It can cause pain, and on rare occasion metalwork can break. If these problems occur a further procedure may be needed to remove and, in some cases, replace the metalwork.

Patient name:

NHS or Hospital number:

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 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).

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: _____

Statement of interpreter witness

(where appropriate)

- I have interpreted the information contained in this form 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: _____

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.