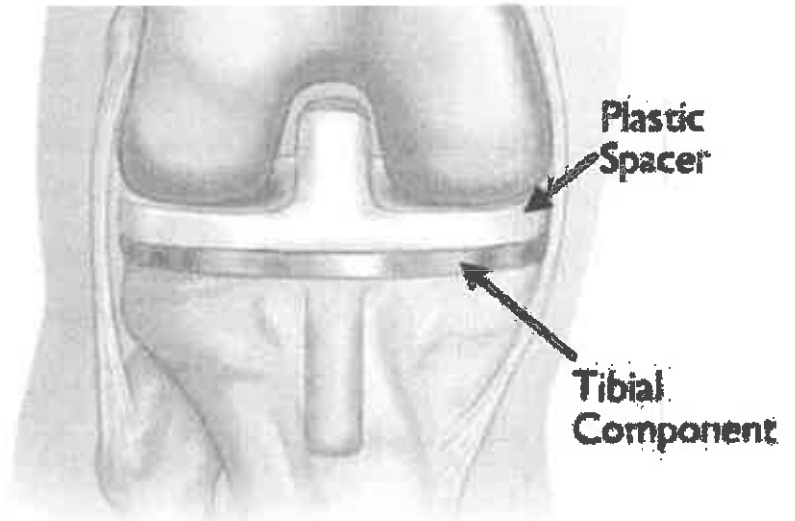


Total Knee Arthroplasty



Total Knee Replacement: Patient Information and Consent Form

General Information

This information is being given to you to help you make an informed decision about having total joint replacement surgery. As a patient, you have the right to be informed about the risks and potential complications of the proposed surgical procedure so that you may make the decision whether or not to undergo the procedure. This disclosure is not meant to frighten or alarm you; it is, rather, an effort to make you better informed so that you may give or withhold your consent to the procedure. What you are being asked to sign with this form, is a confirmation that we have discussed your proposed operation and alternative treatments; that you understand the potential risks and complications associated with the proposed surgery, and that you have arrived at the decision of your own free will.

The Procedure

Total knee arthroplasty is an implant procedure performed under anesthesia. The operation takes about 2 hours and involves removal of diseased portions of the knee. The damaged bone and tissue are replaced with components called implants. Before these components can be implanted, some bone must be removed from the tibia, femur, and patella to ensure the implant will fit properly. Different types of implants are used, depending on the degree of destruction and stability of the joint.

To strengthen weakened muscles and soft tissue surrounding and supporting the new joint, a program of exercise and physical therapy is prescribed. To obtain maximum benefits for your new knee, you must make a serious commitment to continue an exercise program once you have returned home. As with any surgical procedure, there are significant risks that patients will want to discuss carefully and thoughtfully with their surgeon. The total knee replacement procedure will be explained to you by **Dr. David Morawski**.

The following points, among others, have been specifically discussed and made clear:

1. I have been informed and I understand the purpose and the nature of the implant surgical procedure. I understand what is necessary to accomplish the placement of the implant in my knee.
2. My doctor has carefully examined my knee. Alternatives to this treatment have been explained. I have tried or considered these methods, but I desire an implant to help mobility and to minimize discomfort.
3. I have further been informed of the possible risks and complications involved with surgery, drugs and anesthesia. Such complications including pain, scarring, swelling, infection and discoloration, neurologic or vascular problems may occur. The exact nature and duration of problems may not be determinable, and may be irreversible. There is a possibility of vein inflammation, cardiovascular problems, injury to surrounding tissue, bone fractures, delayed healing, allergic reactions to drugs or medications, even death.
4. My doctor has explained to me that there is no method to accurately predict range of motion, relief of discomfort, or the bone healing capabilities in each patient following the placement of the implant.
5. It has been explained that in some instances, implants wear out, loosen, or fail, and must be removed. I have been informed and understand that the practice of surgery is not an exact science; no guarantees or assurances as to the outcomes or results of treatment or surgery can be made.

6. I also understand that the success of the implant depends on my tolerance to the implant and my resistance to infection, neither of which can be determined prior to the insertion of the implant. I understand that if the implants wear out, loosen, or fail, they will need to be removed, and I understand the possibility of secondary surgical procedures. Secondary surgical procedures often are more complicated than original implantations, and therefore, the results of a secondary surgery may not be as successful as a primary surgery.
7. No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. I understand that the primary purpose of this joint replacement surgery is to alleviate pain, and that due to individual patient differences there exists a risk of failure, relapse, selective re-treatment or surgery, or worsening of my present condition despite the care provided.
8. I understand that following surgery, I will be expected to comply with certain restrictions and with a prescribed physical therapy routine. Further, I understand that my doctor may recommend permanent restrictions or limitations in certain types of activities that are particularly stressful to total joint replacements. I agree to follow my doctor's home care instructions. I understand that regular follow-up care is necessary to the success of the procedure, and that my cooperation in reporting to the office when appointed is essential to avoid or reduce chances of problems that might occur.
9. I understand that certain anesthetic risks, which could involve serious bodily injury, are inherent in any procedure that requires a spinal or a general anesthetic, and I agree to the type of anesthesia chosen for me by my doctor.
10. To my knowledge, I have given accurate reports of my physical and mental health history. I have also reported any prior allergic or unusual reactions to anesthesia/anesthetics, food, drugs, insect bites, pollen or dust, any blood or body disease, skin reactions, abnormal bleeding or any other conditions related to my health.
11. If any unforeseen condition arises in the course of the operation, calling for the doctor's judgement or for procedures in addition to or different from those now contemplated, I request and authorize the doctor to do whatever he may deem advisable.
12. Although it is impossible for my doctor to inform me of every conceivable complication that may occur as a result of this surgery, I have been informed of the most likely complications or problems that might occur during the operation and healing process and *I understand them*. I hereby authorize **Dr. David Morawski** and any other agents or employees of his professional association and such assistants may be selected by any of them to perform a **Total Knee Arthroplasty** as a treatment for osteoarthritis of the **knee.**

I certify that I have had an opportunity to read and fully understand the terms and words within the above consent to the operation and the explanation referred to or made and inapplicable paragraphs, if any, were stricken before I signed. I also state that I read and write English.

Patient, Parent, or Guardian

Date

I have fully explained to the patient, _____, the nature and purpose of the procedures described above and such risks as are involved in their performance. I have asked the patient if any questions have arisen regarding the procedures, and I have answered these questions to the best of my ability.

Physician Signature

Date

Chantel Fountain MA

Witness Signature

Date

TOTAL KNEE REPLACEMENT: PATIENT SELF TEST

1. **True/False** Rheumatoid arthritis, osteoarthritis, and degenerative diseases of the joint affect millions of Americans each year.
2. **True/False** When the pain or discomfort of diseased joints become severe enough to interfere with daily living activities, or when conservative therapy no longer provides relief, a total joint replacement procedure may be recommended.
3. **True/False** Arthroplasty or total joint replacement, is an operation designed to restore motion to a joint and function to structures that control it.
4. **True/False** Total knee arthroplasty is the replacement of severely damaged bone and cartilage with an artificial joint or implant.
5. **True/False** The total knee arthroplasty are 3 components which include a femoral (thigh bone), a tibial (shin bone), and a patellar (knee cap).
6. **True/False** The type of reconstructive procedure chosen depends on many factors, such as your general health, mental and physical condition, the condition of the knee joint and supporting structures, age, weight, your desires and expectations, and Dr. Morawski's recommendations for you.
7. **True/False** A total knee replacement procedure is performed under anesthesia, and can be done as an outpatient or minimal hospital stay.
8. **True/False** The new implants can be seated in the knee without removal of any bone.
9. **True/False** Immediately following surgery, you can resume your normal daily activities.
10. **True/False** All the components of the total knee arthroplasty are guaranteed not to fracture, wear, loosen, dislodge or fail, and will last a lifetime.
11. **True/False** All surgical procedures carry with them certain risks and complications including the normal pain, discomfort, and scarring of surgery itself.
12. **True/False** While rare, bleeding, clot formation (DVT), vascular, cardiovascular, neurologic, drug or anesthetic complications, and death may occur.
13. **True/False** Total joint replacement is one of the most consistently successful therapeutic measures in all of medicine and overall patient satisfaction with the relief of pain and enhanced mobility is generally high.

*****Once you have completed this quiz please turn page to check answers. *****

Answer Key

1. True
2. True
3. True
4. True
5. True
6. True
7. True
8. False, before the new implant can be seated, some bone must be removed to ensure that the implants will fit properly. Very accurate cuts are made in the femur, tibia and patella.
9. False, you are encouraged to stand and sit with assistance after surgery and to walk and bear weight as tolerated gradually so that injury and complications do not occur.
10. False, numerous precautions are taken by Dr. Morawski and the medical device manufacturer. All mechanical devices wear out over time and this is no different for your knee replacement over time. Certain conditions cause wear faster such as malalignment, abnormal or excessive stress, misuse, abuse, obesity, loosening, infection or disease.
11. True
12. True
13. True

A copy of this form will be placed in your medical record. Should you have any remaining questions about your surgery please speak with Dr. Morawski or a member of his medical team.

Please note specific questions about your total knee arthroplasty:

Patient's Signature

Date

Dr. David Morawski/Joseph Reibel, PA-C

Date