



## PATIENT CONSENT FORM – KNEE ARTHROSCOPY

**+/- KNEE JOINT WASHOUT, MENISCAL SHAVING, MENISCECTOMY, FOREIGN/LOOSE BODY REMOVAL, LATERAL RELEASE, MICROFRACTURE, RADIOFREQUENCY ABLATION.**

PATIENT NAME: \_\_\_\_\_

SIDE: \_\_\_\_\_

**PROCEDURE:** An arthroscopy means “looking into a joint” with a camera. It allows the surgeon to examine the knee joint and perform some operations without having to open the knee completely. Through the first incision, we pass a telescope with a camera. This shows pictures on a nearby television screen. The second or third incision may allow tools or drains to be passed into the joint. The tools include probes, shavers, scissors and punches.

The surgeon might not be able to say exactly what needs to be done until they are looking inside the knee. Therefore the consent form is non-specific. It allows the surgeon to treat most abnormalities found during the operation.

**ALTERNATIVE PROCEDURE:** If not already done, an MRI scan may be performed. This will however only aid diagnosis of a problem and not treat it. Physiotherapy may also be of great benefit. The procedure may also be done purely as an open procedure (an arthrotomy). This involves making a larger cut (incision) and opening the knee joint. This is rarely done now because arthroscopy is so successful and has much fewer complications (in/ by comparison).

### RISKS

#### COMMON (1-5%)

Swelling: The knee may fill with fluid or rarer, blood. This usually resolves on its own however may occasionally require a second operation or draining of the fluid.

Persistent pain: the symptoms may carry on despite the procedure. A repeat arthroscopy or other knee operation may be required.

#### RARE (<1%)

Infection: the wound sites may become red, painful and hot. There may also be a discharge of fluid. These are signs of infection and can usually be treated by antibiotics. Very rarely, the infection may spread to the knee joint itself (requiring a washout) and/or the blood (sepsis) requiring intravenous antibiotics.

Damage to structures within or around the knee: this is rare, but may cause further injury and symptoms. This may need further treatment including operation.

Damaged instruments: these may break within the knee and require an opening of the joint to remove them.

Abnormal wound healing: the scar may become thick, red and painful (keloid scar). This is more common in Afro-Caribbeans and Asians. There may also be some oozing of clear fluid.

**Numbness:** the skin around the knee and shin may be temporarily or more permanently numb due to damage of small superficial nerves.

**Blood clots:** a DVT (deep vein thrombosis) is a blood clot in a vein. These may present as red, painful and swollen legs (usually). The risks of developing a DVT are greater after any surgery (and especially bone surgery). Although they are painful, a DVT can also pass in the blood stream and be deposited in the lungs (a pulmonary embolism –PE). This is a very serious condition which affects your breathing.

**Confirmation of consent :**

I, the undersigned \_\_\_\_\_ (full name please),  
ID number: \_\_\_\_\_ acting for myself,  
(or in my capacity as \_\_\_\_\_ to the patient named above),  
hereby consent to the surgical and other management of my current illness/illnesses and instruct my orthopaedic surgeon Dr. \_\_\_\_\_ to perform a knee arthroscopy procedure on me.

I have read/ understand the procedure, risks and complications. I have asked any questions and raised any immediate concerns I might have.

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure

**I agree/disagree** to the use of a blood transfusion should I require it. (delete which option is not appropriate)

**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 consent to such alteration of the scope of the operation. I recognise that there are also other possible very remote potential complications of medical treatment.

I am legally entitled to give consent for surgery.

Signature of person giving consent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

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