

## 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 including the anticipated benefits and material risks have been explained to me in terms I understand.

\_\_\_\_\_ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.

\_\_\_\_\_ I understand and accept that the most likely material risks and complications of total knee replacement have been discussed with me and may 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*
- *implant failure*
- *infection*
- *loosening of prosthesis*
- *loss of limb*
- *neurovascular damage*
- *reoperation or revision*
- *stroke*
- *swelling*

\_\_\_\_\_ 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 exist with any surgical procedure.

\_\_\_\_\_ I understand and accept the risks of blood transfusion(s) that may be necessary.

\_\_\_\_\_ 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 advised of the probable consequences of declining recommended or alternative therapies.

\_\_\_\_\_ I have been informed of what to expect postoperatively, 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 my questions regarding this procedure.

*Continued*

I certify that I have read and understand this treatment agreement 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 total knee replacement on \_\_\_\_\_ at \_\_\_\_\_, on the \_\_\_\_\_ (patient name) (name of facility)

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/Time

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Print Patient or Legal Representative Name

\_\_\_\_\_  
Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. 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/Time

\_\_\_\_\_ copy given to patient  
initial

\_\_\_\_\_ original placed in chart  
initial