

PREOPERATIVE EDUCATION LETTER

This letter is meant to inform you about the important issues relating to your upcoming surgery. After reading the information below you will have a full and complete understanding about the risks, benefits, and potential complications that may occur after undergoing your surgery. After reading this information your signature at the bottom will serve to inform your physician that you understand and agree with what is contained herein. Please ask for clarification about anything you do not understand or disagree with. You have the right at any time to refuse your surgery.

Alternatives – Alternatives to surgery include doing nothing (living with the pain), physical therapy, orthotics (custom shoe inserts), injections, padding, shoe changes, braces, and/or casts. Some or all of these may have already been attempted prior to surgery. Some of these options may not be appropriate for your condition. In certain cases (for example, traumatic injury) there may be no alternatives to surgery.

Benefits – Benefits may include decreased pain, improved appearance, improved ability to wear shoes, and decreased risk of recurrence.

Risks – Risks of surgery include but may not be limited to pain; infection; numbness; tingling; failure to correct the original condition; scarring; poor skin healing; poor, delayed, or misaligned bone healing (nonunion, malunion); transfer of pain to another area of the foot or leg; recurrence of the original condition; need for further surgery; blood clot in the leg or lung; reaction to anesthesia or medication; circulatory complications; variation in toe alignment; occurrence of lesions in adjacent areas; prolonged swelling; nerve entrapment; rejection of implanted material (ex. screw, pin, wire, plastic joint). Patient recovery from surgery varies as to pain, swelling, and numbness. Complete recovery may vary from weeks to months.

Smoking – Smoking has been shown to decrease the healing potential of bone, leading to slow, delayed, and/or nonunion of bones. Smoking also increases the risk of poor skin healing as well as increasing the risk of medical complications during your surgery.

Compliance with Postoperative Instructions – You are expected to comply fully with all pre- and postoperative instructions. If you feel you will have difficulty following some or all of your instructions let your physician know before surgery. Adjustments to your care may be made in consultation with your physician. You are expected to show up on time for all follow-up appointments. Failure to do so may result in suboptimal healing or one of the above complications.

Pain Management – Your physician will determine the postoperative pain management regimen and will take your requests into consideration, but he will make the final decision regarding the most appropriate prescriptions based on a full review of your medical history and circumstances. Be sure to alert your physicians to any allergic or adverse reactions to any drugs in the past. Narcotic pain medication will be limited to a maximum of 2 months and may be discontinued prior to this time period as determined by your doctor. Any pain after this time period will be handled with non-narcotic methods.

Consent Form – The consent for surgery form will not be changed once it is signed by the patient and physician. Be sure to ask about the addition of any other procedures prior to signature of the consent form. Do not sign the consent paperwork if you have any unanswered questions or disagree with any of the content therein.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT FOR OPERATION AND EDUCATION INFORMATION.

(Signature of Patient or Guardian)

Date

(Witness)

Date

(Signature of Doctor)

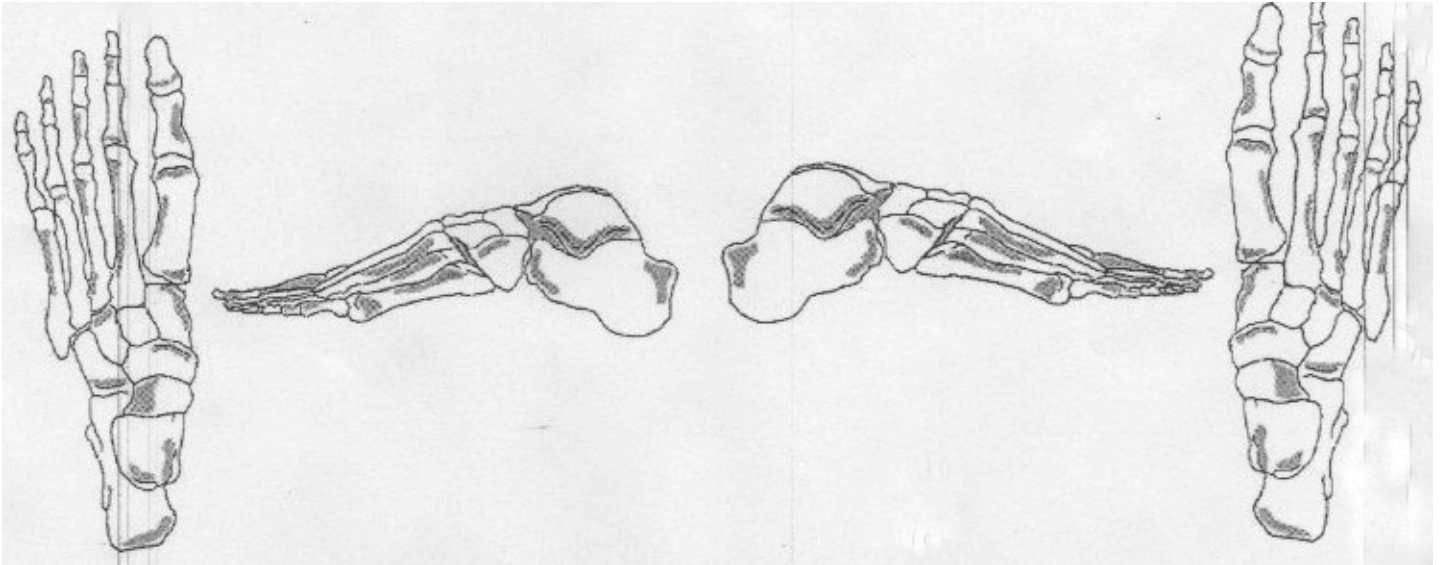
Date

SURGICAL PLANNING DIAGRAM

PATIENT NAME:

LEFT FOOT

RIGHT FOOT



These diagrams were explained to me and I understand them.

Patient Signature _____

Date _____

Witness Signature _____

Date _____

Physician Signature _____

Date _____

The following has been explained to me by Dr _____ or his staff:

1. The diagnosis explained in lay terms.
2. Alternative methods of treatment.
3. Description of the surgery utilizing x-rays, models, or pictures with explanation in lay terms.
4. Postoperative care, healing time, and activity restrictions.
5. Possible use of postoperative orthotics.
6. No guarantees for success.
7. Potential risks and complications.
8. Preoperative instructions have been given.
9. All questions have been answered satisfactorily and to my understanding.

Patient Signature _____

Date _____

Witness Signature _____

Date _____

Physician Signature _____

Date _____