



Name: _____

Date of Birth: _____

Patella Stabilisation

Operation: _____

Side: _____

This procedure stabilises the kneecap either by shifting the bone and / or releasing and / or tightening the ligaments.

There are risks and complications with any surgical procedure. They include but are not limited to the following.

General Risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Specific risks:

- Infection in the knee cap. This may require further surgery to remove the screws.
- The condition may not be improved by the surgery and the kneecap may continue to dislocate after surgery.
- Stiffness of the knee. This may require further surgery.
- Abnormal pain response to surgery with worsening of pain and disability.

- The surgical cut may cause changes to the sensation and colour of the limb.
- In some people, healing of the wound may be abnormal and the wound can be thickened and red and the scar may be painful.

Anaesthetic Risks:

There are risks associated with all anaesthetic types (including general, spinal or regional). These risks are relative to each patient's past medical and family history. Your anaesthetist will discuss the specifics of your anaesthetic with you prior to surgery.



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I agree that I have discussed the risks and benefits of the aforementioned procedure and have had a chance to discuss the treatment options available to me with Dr John Roe.

I request to have the procedure.

Patient:

Name: _____

Signature: _____

Date: _____

Patient Carer or Advocate:

Name: _____

Relationship: _____

Signature: _____

Date: _____

Surgeon: Dr John Roe

Signature: _____

Date: _____