

**PLEASE RETURN THIS FORM WHEN YOU RETURN FOR YOUR PRE-OPERATIVE VISIT AT  
RECONSTRUCTIVE ORTHOPEDICS**

**TOTAL KNEE REPLACEMENT  
PATIENT CONSENT AND RELEASE FORM**

By signing at the bottom of this form you are consenting to a total knee replacement on your \_\_\_\_\_ knee. Your signature confirms that you have read it in its entirety and agree to proceed with surgery.

As we have discussed, the total knee replacement has been developed to aid patients with severe arthritis and destruction of their knee joints. The operation that will be performed on your knee is called a Total Knee.

The first knee replacements were performed in the late 1960's. The materials have been used for many years and have lasted for a substantial amount of time with minimal wear. Long-term follow-up has shown there to be excellent results with a low rate of failure.

The operation will consist of replacing the joint surfaces of the leg bone (lower half of the knee joint) and the thigh bone (upper half of the knee joint) with metal parts that are typically cemented into place. A high-density plastic called polyethylene, which acts like the cartilage no longer present in the knee, will be placed between the metal parts. The metal surface of the thigh bone will move on the plastic piece. In addition, the kneecap will be resurfaced with the same high-density polyethylene.

As in any operative procedure, a number of complications may develop. In order for you to make an intelligent decision regarding an operation, it is important that you be informed of possible complications. The most serious problem in regards to the function of the knee is infection. The operation will be performed in a properly prepared room, and the surgical team will be meticulously prepared in order to protect you from any bacteria which could cause an infection. Antibiotics will also be administered. However, despite all precautions, infection could still occur. If the infection is severe and not controlled by antibiotics, the joint components may require removal. Often, the total knee replacement can be reinserted at a later date if the knee is free from infection. If not, a fusion of your knee may have to be performed, which will render your knee stiff. However, this will not prevent you from walking.

It is likewise possible that the parts which we have inserted into your knee could, in the future, loosen up from excessive wear and use. This may require further surgery in order to replace part or all of the components.

The operation could result in blood clots. This is a potential complication following any surgery, particularly when the operation is done in the lower extremities. This could produce what is known as a thrombosis. In some cases, a clot may break off in the vein and be carried by the blood stream to the lung (pulmonary embolism), resulting in severe chest pains and shortness of breath. Surgery and anticoagulants (blood thinners) may then be required. In **extremely rare** cases, pulmonary embolism can cause death; therefore, it is critical to follow directions on taking blood thinners after surgery.

In extremely rare cases, injury to the nerves or blood vessels near the knee joint can occur during surgery. This is extremely uncommon and very unlikely to happen.

During the operation, your surgeon will have an assistant so that the operation will run smoothly and efficiently. However, your surgeon will perform your procedure.

Every effort will be made to obtain a successful result with as much motion as possible in your knee. If a satisfactory range of motion is not achieved within the first several weeks, we may ask you to allow us to manipulate your knee in order to loosen it up. This would be done in the operating room.

Your cooperation with exercising and rehabilitation after the operation is critical in maximizing the chances of a successful outcome. There is no guarantee that the surgery will relieve all of your pains or allow you complete motion of the knee, but a substantial improvement is expected.

There will likely be a small area of numb skin on the outside part of the knee. The small skin nerve to this region must be cut in order to gain access to the knee. This numbness often diminishes with time and in no way will it affect the function of your knee replacement.

Occasionally, unforeseen conditions could arise during the course of the operation that, in your surgeon's judgment, may require an additional surgical procedure or procedures different from those that have been discussed. Your surgeon respectfully requests your authorization to allow such procedures to be performed should they become necessary under any circumstances.

The literature has reported some instances where, even years after a total joint replacement, a patient has developed an infection in the joint that has been replaced. This could occur as a spreading of infection from a source such as an infected tooth, an acute gallbladder attack, a urinary tract infection, or any other type of severe infection in your system. This is not typical but you should be aware of this fact. If you should, even months or years after the operation, be affected by severe infection, treatments as described previously may become necessary.

Every effort will be made to prevent all complications. Although they are not very common, it is important that you know about them in order to make an informed decision. You must be informed of the major risks involved in any operation. That is why this document is being included in your operative consent. It is not meant to frighten or upset you, but to point out the facts as they exist.

If you have any further questions concerning your total knee surgery, please do not hesitate to contact our office and we will be happy to discuss these with you.

Please sign this consent form and return it to Reconstructive Orthopedics at your pre-op appointment.

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Patient Signature

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Date

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Witness Signature

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Date