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Surgical consent for surgical fixation of ankle fractures

All surgical procedures are associated with certain risks such as pain, bleeding, infection, scarring, damage to blood vessels or nerves, anesthetic-related complications, thromboembolic complications, and medical complications (such as heart attack, stroke, or death).

- **Pain:** In an effort to decrease pain you will be adequately anesthetized during surgery and will receive pain medications post-operatively.
- **Bleeding:** Given the fact that a tourniquet is used at the time of surgery, the risk of bleeding is minimal.
- **Infection:** The risk of infection is approximately 1%. You will receive antibiotics through your IV during surgery. In addition the surgery will be performed under sterile conditions. Finally, you will be prescribed antibiotics for the first 24 hours after your surgery.
- **Thromboembolic complications:** Anytime surgery is performed on the lower extremities there is a theoretical risk of developing a blood clot in the legs or the lungs. This risk is approximately 1 in 1,000 cases. As a result, the routine use of blood thinners following surgery is not routinely recommended because the risk of developing complications related to thinned blood and excessive bleeding and swelling outweighs the potential benefit of preventing a blood clot. If, however, you have a personal or family history of a blood clot or a clotting disorder, blood thinning medications are recommended; please be sure to discuss this with your surgeon. If you develop calf pain, chest pain, or shortness of breath after your surgery, please notify your surgeon immediately or proceed to the emergency department for further evaluation as these are symptoms sometime associated with the development of a blood clot.
- **Medical complications or anesthetic complications:** Anytime surgery is performed there is a risk of medical complications (such as heart attack or stroke) or complications related to the anesthesia. Although these risks are minimal they are not zero. If you are healthy these risks are extremely unlikely. If you have a history of advanced age or medical problems, you likely will have been referred to your primary care doctor to assess your risk for general anesthesia. Please ask questions to the anesthesiologist on the day of surgery regarding potential anesthetic complications.

Potential complications more unique to ankle fracture fixation surgical procedures include the following:

- Nonunion (the fracture fails to heal), malunion (the fracture heals in poor position), delayed union (the fracture heals very slowly): Although these risks exist anytime a fracture is fixed, these risks are **lower** with surgery than with non-surgical treatment because at the time of surgery we are able to position the bones in near anatomic position so that they are more likely to heal, more likely to heal in the correct position, and more likely to heal in a timely fashion.
- Painful hardware: During the fixation of ankle fractures, plates and screws were used to hold the bones in the correct position while the healing process occurs. Although these plates and screws are thin and small, there is not much soft tissue padding around the ankle. It is possible that the plates and/or screws may be prominent and irritate you after your surgery. If this occurs, the painful hardware can be removed at a minimum of 6-12 months after the surgery. This hardware removal does require another surgery however. If the hardware is not painful there is no reason to remove it.
- Hardware failure: Although the plates and screws used to fix your ankle at time of surgery are sturdy, if the fracture does not heal or if you attempt to weight-bear on the ankle prematurely the hardware can break. The broken hardware may need to be removed if it is a source of pain or if the fracture fails to heal.
- Neurovascular injury: At the time of surgery blood vessels, nerves, and tendons are dissected to expose the fracture site for fixation. Although unlikely, it is possible to damage any of these structures during the dissection process. If this occurs it may lead to numbness or tingling in the foot, tendinitis, or persistent swelling.
- Wound healing complications: As there is not much soft tissue around the bones of the ankle there is somewhat limited blood flow to the site of the surgical incisions. It is possible that these incisions open up or fail to heal adequately. If this occurs you may need to take antibiotics and perform dressing changes to this area or may even require further surgery to allow the incisions to fully heal. The risk of incisional issues is higher in patients who smoke or have diabetes. In addition this risk is higher if there is significant swelling prior to your surgery or following the surgery. It is extremely important to elevate your ankle above your heart as much as possible both prior to surgery and following the surgery to limit the risk of swelling and incision healing issues.
- Subsequent arthritis: At the time of fracture, the cartilage of the ankle joint may have been damaged. Although the fracture can be fixed and go on to heal acceptably, the cartilage damage sustained at the time of injury may predispose you to osteoarthritis including pain, swelling, and stiffness in the future.
- Stiffness: Stiffness is a potential complication as a result of the surgery and the post-operative immobilization process. Typically this risk is **less** following surgery than with non-surgical treatment because after surgery we are typically able to allow ankle motion sooner than if they are treated non-operatively with cast immobilization.

Please print and sign your name below if you have read the information listed above and would like to proceed with surgery.

Patient Signature: _____ Date: _____

Printed Patient Name: _____