

## SYDNEY CENTRE FOR LIMB LENGTHENING AND RECONSTRUCTION

I authorize the performance of the following operation/procedure upon: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be performed by Dr Tim O’Carrigan MBBS FRACS

I have been informed of other methods of treatment and the alternatives of no treatment. The expected results and risks of alternative treatments and no treatment have been explained to me.

I have been informed that there is no certain way to predict the outcome of the surgery, anaesthesia or medication. I understand that any surgical operation or anaesthesia to be performed on me could result in death or in temporary or permanent partial or total disability. I have been advised of the nature and frequency of the major risks listed below as well as of other unlisted risks.

### *Major risks of the Operation or Procedure*

Neurovascular Injury	<b>Anaesthetic complications such as death/ stroke/ heart attack</b>
Infection- pin tract or deep	Drug complications- anaphylaxis
Muscle contractures and joint contractures	Torniquet complications
Skin scars	Compartment syndrome
Malunion/nonunion	Premature consolidation
Delayed consolidation	Joint subluxation or dislocation
Joint stiffness/arthritis	Fracture of bone/regenerate
DVT or PE	Reflex Sympathetic Dystrophy
Transfusion risks	Diminished Function
<b>Sequelae of any surgery can include amputation or death</b>	

Name of Patient:  
Signature of Patient:

Signature of Witness:  
Name of Witness:

Signature of Doctor:  
Name of Doctor: