

DECLARATION ABOUT APPROVAL OF OPERATION
Operation of knee-joint implantation, patient information

I undersigned, address:..... hereby declare as follows:

1. I certify that I was acquainted by Dr _____ as follows.
2. I agree that the following **operation, intervention** is performed on me:

Purpose of the procedure:

Pain relief and improvement of the ambulant ability of the patient after the implantation of the prosthesis into the painful knee-joint and limited in movement by the wear of the knee-joint (arthrosis genus).

Procedure technique:

In case only one half of the knee-joint is concerned, we perform a so called one-sided (unicondylaris), if both halves, then we perform a so called complete prosthesis implantation, in that case also the segment surface of the knee-cap shall be replaced. By selecting the extent of the bone removal and the prosthesis components the axis of the knee-joint and the appropriate tension of the chord system can be recovered. The patient can stand up some days after the operation with the help of a physiotherapist and walk with the application of an aid. A knee moving device can be also applied. In problem-free case generally 5-7 days after the operation the patient can leave the hospital, the removal of the seams shall be performed on the 9-10th day. The prosthesis implantation is mainly performed in spinal narcosis, rarely in anaesthesia and in case it is allowed by the circulation of the limb, in exsanguinations, which is applied at the leg twist. We apply antibiotic and thrombosis-prophylaxis to prevent both most often complications (see par. 3). During the operation and on the subsequent days blood giving is and can be required. Further regular performance of the gymnastic at home and partial release with an aid shall be required by the first control examination, which is carried out 6 weeks after the operation ambulatory. 42 days after the operation thrombosis-prophylaxis shall be applied, which the patient can give in by himself.

Eventual risks of the procedure:

Rarely thrombosis, inclusion of a blood-clot in the lung vein (pulmonary embolism), haematoma and wound healing disorders can arise. In some part of these cases still during the hospitalization repeated operational exploration can be required. Sometimes thigh- or calfbone breakage, vein and nerve damage can occur. Later sterile or infected looseness of the prosthesis can arise. The exchange of the prosthesis can be performed in one step for the previous and in two steps for the latter case. In certain cases we are forced to remove the prosthesis. At that time the knee-joint is braced, which results a pain-free, loadable, but not moveable joint. Also prosthesis breakage can occur. Also these cases require a repeated operational intervention. The complications can generally be treated with success.

Eventual risks of the omission of the procedure:

Further increase of the knee pain, augmentation of the movement limitation, further deterioration of the life quality. If later prosthesis shall be implanted, the chance for the establishment of complications can increase and the success of the operation can reduce.

3. I declare, that I have **received appropriate information** about the nature and purpose of the operation, intervention and treatment, the expectable advantages and the related risks, the possibility of the complications, which can arise despite the mandatory precaution and other possible methods of the treatment of my disease. I was acquainted, what kind of health damage can be the consequence of the omission of the intervention.
4. I **agree** with the modifications during the operational, **which can result in emergency during operation** (e.g. deviation from the planned operation).
5. I acknowledge, that the tissues, organs removed during my operation and the intervention and treatment performed on me shall be forwarded to biopsy and histopathologic examination, further I agree upon their eventual further use.
6. I agree that pictures or video records are made about the course of the operation, intervention and treatment respectively, provided that my person shall not be recognized.
7. I know about the fact that also medical personnel is trained in the healing institute and for this reason I **agree**, that not only physicians, but **medical students and other medical professionals** can

participate – in the presence and under the supervision of responsible persons - in my treatment, who are also obliged to secrecy.

8. I acknowledge that for the **workmanlike care as required for my health condition** my operation or the intervention to be performed on me shall be carried out by a physician appointed and managed by the managing chief physician or his deputy considering the provisions of the Medical Decree.
9. I have found the information received sufficient, I ask for further information in the event, if the change of my condition requires further examinations and interventions respectively.

In case despite the detailed information by the physician I reject the operation, intervention and treatment, I undertake responsibility for the consequences and I exempt the physicians, who I did not accept the recommended medical intervention from, from responsibility. For this reason I do not lay any claim against them and the institute respectively.

Date:

sign of the informing physician
patient, legal representative or

belonging

_____ sign of the

authorized