



**Chris Wainwright**  
 FRACS(Orth), FAOrthA

Orthopaedic Surgeon  
**thebonedoctor.net**  
 ABN: 46 640 838 848 Provider Number: 4712297F

**Shoulder Arthroscopy**

MBSE: DX 48945 DEBRIDE INC CA++ 48948 LABRUM/STABLE 48957

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

**A. Interpreter / cultural needs**

- An Interpreter Service is required?  Yes  No  
 If Yes, is a qualified Interpreter present?  Yes  No  
 A Cultural Support Person is required?  Yes  No  
 If Yes, is a Cultural Support Person present?  Yes  No

**B. Condition and treatment**

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....

.....

For this condition, we recommend the following procedure. *(Doctor to document - include site and/or side where relevant to the procedure)*

.....

Left shoulder  Yes  No

Right shoulder  Yes  No

The following will be performed:

This procedure is where a telescope and instruments are passed to look inside the shoulder joint. This is done through several small cuts around the shoulder.

**C. Risks of a shoulder arthroscopy**

There are risks and complications with this 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:

- Numbness associated with the use of tourniquet with nerve and muscle damage at the site where the tourniquet was placed. This may be temporary or permanent.
- Skin death under the tourniquet, which may require further dressings and / or surgery and skin grafting.
- When the shoulder is tightened, there may be a small reduction in the movement.
- Breakage of instruments during the surgery. This may need the joint to be surgically opened to have them removed.
- Damage to other structures inside the shoulder, which may or may not cause ongoing problems.
- Gross swelling around shoulder. This is usually temporary.
- Pain and symptoms may persist due to the underlying disorder. These may be temporary or permanent.
- 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.
- All shoulder surgery carries a risk of frozen shoulder. Whilst the risk is small, this can lead to a significant delay in recovery.

**D. Significant risks and procedure options**

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

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**E. Risks of not having this procedure**

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

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**F. Anaesthetic**

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

*Not formally discussed* .....



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### G. Patient consent

I acknowledge that the doctor has explained;

- My medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- The anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- Other relevant procedure/treatment options and their associated risks.
- My prognosis and the risks of not having the procedure.
- That no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- The procedure may include a blood transfusion.
- Tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- If immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my acute resuscitation plan.
- A doctor other than the consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

**I have been given the following Patient Information Sheet/s:**

**Shoulder Arthroscopy**

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment. They may also be used in a completely anonymous de-identified fashion for training and education purposes.

On the basis of the above statements,

### I request to have the procedure

Name of Patient: .....

Signature: .....

Date: .....

#### Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD: .....

No ▶ Name of Substitute Decision Maker/s: .....

Signature: .....

Relationship to patient: .....

Date: ..... PH No: .....

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

### H. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

**Name of Doctor/delegate:** .....

**Designation:** .....

**Signature:** .....

**Date:** .....

### I. Interpreter's statement

I have given a sight translation in

.....  
*(State the patient's language here)* of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

**Name of Interpreter:** .....

**Signature:** .....

**Date:** .....

DO NOT WRITE IN THIS BINDING MARGIN

04/2011 - v5.00



# Consent Information - Patient Copy Shoulder Arthroscopy

## 1. What do I need to know about this procedure?

This procedure is where a telescope and instruments are passed to look inside the shoulder joint. This is done through several small cuts around the shoulder.

## 2. My anaesthetic

This procedure will require an anaesthetic.

See **About Your Anaesthetic information sheet** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

*If you have not been given an information sheet, please ask for one.*

## 3. What are the risks of this specific procedure?

There are risks and complications with this 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:

- Numbness associated with the use of tourniquet with nerve and muscle damage at the site where the tourniquet was placed. This may be temporary or permanent.
- Skin death under the tourniquet, which may require further dressings and / or surgery and skin grafting.
- Breakage of instruments during the surgery. This may need the joint to be surgically opened to have them removed.
- Damage to other structures inside the shoulder, which may or may not cause ongoing problems.
- Gross swelling around shoulder. This is usually temporary.
- Pain and symptoms may persist due to the underlying disorder. These may be temporary or permanent.

- 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.
- All shoulder surgery carries a risk of frozen shoulder (1 in 25, DM 1 in 8). Whilst the risk is small, it can lead to a significant delay in recovery.

### Notes to talk to my doctor about:

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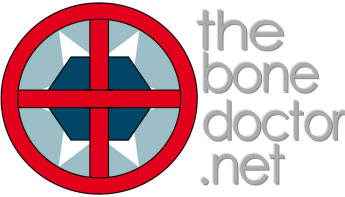
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### Notes from your surgeon.

Several things are simply consequences of surgery. These include pain, bruising, swelling and stiffness. Most of these can be treated very well with regular application of reusable gel/ice packs, readily available from your local pharmacy. Where needed, a prescription for pain relief and any other medication you need after surgery will be provided to you on discharge from the hospital.

If you have any concerns after your surgery, then during office hours please contact us at the phone number above. Out of hours, please contact, or call into, the Mater Emergency Care Centre, and ask them to contact us directly. If you live remotely, please ask your doctor to contact us about your concerns, especially before starting any treatment such as antibiotics.

#### Specific to Shoulder arthroscopy

Usually we recommend you stay overnight as we can then ensure that your pain is controlled and you understand your rehabilitation program. A numbing injection is often used to help with pain on the day of surgery. You will have waterproof dressings which should stay in place until we remove your stitches after 2 weeks. We will go over the pictures taken during the operation when we see you and explain what was done. We will then see you again at 6 weeks and 12 weeks after surgery. You will need to undergo a thorough rehabilitation program, and we usually recommend 6 weeks off work to allow for this. You will probably be in a sling for the first 6 weeks. You will be allowed to drive an automatic small passenger vehicle once pain allows, and a manual once you have enough strength and movement to safely grip with both hands. This will be roughly ..... weeks.

**All shoulder surgery carries a risk (1 in 25) of frozen shoulder, with diabetic patients being at particular risk (1 in 8).**