

## Knee Arthroscopy Surgery Patient Consent and Release Form

This form was created by Danton S. Dungy, MD for patient informed consent.  
It is provided as a courtesy and should not be misunderstood as legal advice.

By signing the bottom of this form, I, \_\_\_\_\_,  
have consented Danton S. Dungy, MD to perform a **right / left** (circle one) knee arthroscopy for  
\_\_\_\_\_.

The major benefit of this procedure is pain reduction. Additional improvements typically include decreased swelling, catching and locking, as well as improved stability. Prior to proceeding with surgery, the alternatives should also be considered, including behavior modification, such as weight loss and activity restrictions; medications; injections; braces; and assistive devices such as canes, walkers, crutches, and wheelchairs.

Dr. Dungy does not guarantee nor imply a guarantee for specific surgical results. All results are subject to the individualities of the patient and the normal variability of procedural results. While every attempt has been made to outline all possible risks and complications, this consent may not be an exhaustive list.

As we have discussed, any operative procedure may result in a number of complications. Although uncommon, Dr. Dungy and his surgical team will practice preventative measures in an attempt to do no harm. Occasionally, unexpected conditions could arise during surgery that, in Dr. Dungy's judgement, may require additional surgery. Therefore, your authorization is requested to allow such procedures to be performed, if necessary. This document will outline the most common issues of concern to patients, although this is in no way inclusive of all possible complications. Further, the following paragraphs will outline any preventative measures that may be undertaken to protect you:

The administration of anesthesia can involve serious risks. I hereby authorize, consent and request the anesthesiologist to administer any anesthetics deemed necessary for my procedure. I understand that I will have an opportunity to discuss the risks, options, and benefits of anesthesia with the anesthesiologist on the day of my surgery.

Although very rare, the most serious complication is **death**. Beyond this, another possible complication is related to a venous thromboembolic event (VTE), which is a clogging of the veins that bring blood back to the heart and lungs. This is more commonly known as a **blood clot** which occurs in about 1 out of 1500 knee arthroscopy cases. Blood clots can cause either temporary or chronic limb swelling. In some cases, the deep vein thrombosis (DVT) can break loose in the vein and travel to the lungs causing a pulmonary embolism (PE). These complications may require the insertion of a vein "filter" by a vascular specialist and/or the prolonged use of blood thinners.

The most effective way to prevent blood clots is to get up and be mobile after surgery. Sitting for extended periods of time will increase the risk of DVT. To counteract this, you should do home exercises such as ankle pumps (moving your foot up and down while seated or lying down for prolonged periods of time) to keep the blood moving in your veins.

Initials \_\_\_\_\_





Another serious complication is the possibility of **infection**. This would require antibiotics and possibly additional surgery. Fortunately, the rate of infection after knee arthroscopy is also very low, about 1 out of 1000 knee arthroscopic cases. To decrease the risk of infection we will cleanse your skin with a surgical antiseptic and the procedure will be performed in a surgical suite with special airflow and filters.

Although very small incisions are used for arthroscopy, the infra-patellar branch of the saphenous nerve may be cut or injured while creating these incisions. This would most likely cause **nerve damage** leading to permanent numbness over the kneecap and the outside aspect of the knee. Doing so will not have any effect on neither range of motion nor strength of your knee.

Another surgical risk is **blood vessel injury**. The major blood vessels in the leg are behind the knee and as discussed, the surgery will be performed through incisions in the front of the knee. Equally, to safely insert the small camera into your knee, a slight amount of pressure will be applied to maneuver your knee into various positions. This will not be painful because of the anesthesia administered. However, if your ligaments are weaker than the force applied, you could sustain a stretch or even a **tear of a ligament** on the inside of you knee called the medial collateral ligament. This is typically treated with bracing and physical therapy. In rare situations, additional surgery may be needed to repair this ligament.

After surgery, scar tissue forms as a natural part of the healing process. If you do not perform exercises as recommended after surgery, you could experience **stiffness** and excessive **swelling**. Applying ice to the knee can be helpful during the early healing period.

If you are still having trouble walking during the first post-operative visit, then physical therapy may be recommended.

Lastly, there is a possibility of other non-surgical medical risks during recovery (such as: heart attack and stroke). More commonly and less serious is **constipation**. This can occur with the use of narcotic pain medications; therefore, a stool softener is recommended while taking prescription pain medications. Most patients need only 1 to 3 days of prescribed pain medication after surgery. If you are using pain medication prior to surgery, it may be more challenging to manage your pain after surgery. A few patients may also experience temporary **confusion** due to the potency of the medications.

Initials \_\_\_\_\_





All of these complications increase dramatically with other preexisting medical problems. For Dr. Dungy and his team to provide you with the best care possible, please disclose your health condition(s) that may affect the surgical outcome:

**I have had or currently have:**

**PLEASE CIRCLE ALL THAT APPLY**

- **Cardiac/Heart** (pacemaker, stent, heart attack)
- **Diabetes**
- **Blood Thinner Medication** (Plavix, Coumadin, etc.)
- **Infection** (prior in the knee, dental or other)
- **Immunocompromised health** (rheumatoid, chemotherapy, renal failure)
- **Smoker/Tobacco use**
- **Narcotic Medication Usage** (prior or current)
- **Obesity/Weight Issues**

**OR**

**NONE OF THE ABOVE**

With your signature at the bottom of this form, you affirm that you have read this document and initialed each page accordingly after a thorough review. By doing so, you are agreeing to proceed with surgical intervention. I also consent to Dr. Dungy taking photo(s) and/or video(s) during my surgery for educational purposes.

If you have any further questions or concerns regarding your knee arthroscopy surgery or medical terms that you do not understand, please do not hesitate to contact our clinic.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**





**Addendum Surgical Consent**  
**(COVID-19 Awareness)**

I am aware that Arizona Governor Doug Ducey has lifted the restrictions to perform elective surgeries in the state of Arizona as of May 1, 2020. I still provide consent to this surgery and understand that my surgeon cannot guarantee how the current COVID-19 situation may impact or influence my recovery. I understand that the typical risks associated with surgery may be affected by the current COVID-19 situation in unpredictable ways. Currently, there is more that we do not understand about this novel virus, than we do understand.

Given this situation, I have had an opportunity to ask and discuss my questions. Dr. Dungy has answered my questions to the best of his ability with the available knowledge at the time of signing this document. My options have been made clear to me: either proceed with surgery or not. Given the information available at the time of signing this form, through a shared decision-making process, Dr. Dungy and I both believe that the benefits of this surgery outweigh the potential risks.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patient Name Printed**

