

# DR. BACH'S KNEE ARTHROSCOPY CONSENT

## POSSIBLE COMPLICATIONS

*Please note that this is one of the consent forms that you will be asked to sign the morning of surgery. There is also another standard consent form that the Surgicenter will have you sign.*

PATIENT NAME: ----- DATE -----

We have listed complications/problems which have been reported with arthroscopic knee surgery. **IN GENERAL ARTHROSCOPIC KNEE SURGERY IS EXTREMELY SAFE, HIGHLY SUCCESSFUL, AND HAS MINIMAL COMPLICATIONS ASSOCIATED WITH THE PROCEDURE.** Certain risks may be increased or decreased depending upon the type of arthroscopic surgery and the extent of injury that you have. If you have any questions, do not sign this consent. **It is critical for you to have realistic expectations regarding your surgery and expected outcome.**

- 1. Postoperative bleeding** within the knee joint. This may require aspiration (removal) in the office postoperatively (< 3-5%).
- 2. Persistent swelling** (fluid on the knee). This may occur in arthritic knees possibly requiring periodic aspiration or injection with cortisone (an anti-inflammatory medication).
- 3. Postoperative infection.** Superficial (skin) or deep (within the joint) may occur. The incidence is reported at <1% (1/250). A skin infection generally is treated with oral antibiotics. If you developed a deep infection, you would require readmission to the hospital, re-arthroscopy or an open procedure to wash out the infection, and a variable period of intravenous antibiotics (2-6 weeks).
- 4. Phlebitis (blood clots).** Deep vein thrombosis or blood clots are *unusual* in arthroscopic knee surgery but can, like in any surgery of the lower extremity, occur. A blood clot would require a readmission to the hospital a treatment with a blood thinner (Heparin/Coumadin) for several days followed by a 3 month period of oral anticoagulants (Coumadin). To minimize your chance of developing blood clots you are reminded in the postoperative information sheet to take aspirin daily for one week after your surgery.
- 5. Pulmonary embolus.** When a blood clot becomes dislodged it may travel to the lungs resulting in acute shortness of breath, rapid heartbeat, and in *rare* situations result in sudden death.
- 6. Knee ligament injury.** Under anesthesia to allow visualization we have to stress the knee. If too much force is applied one of the side ligaments could be stretched. This is a non surgical problem that heals uneventfully and occurs *rarely*.
- 7. Broken instruments.** The instruments that are used to perform your surgery may potentially break within your joint. This is a *rare* complication. If this occurred the piece almost always could be uneventfully removed arthroscopically. However, if this was not possible, your surgery might need to open the knee surgically to extract the broken instrument.
- 8. Synovial fistula.** This *rare* complication results when the skin wound incompletely heals and knee fluid leaks out through the joint to the skin.

9. **Nerve injury.** Partial or complete injury to the major nerve to the limb has *rarely* been reported in the literature. Complete recovery, partial and complete permanent injuries have resulted from these rare but serious complications. In those patients requiring meniscal repair (meniscal suturing) this rare complication has occurred and for this reason we make an accessory surgical incision and place a protective retractor to protect the nerve and vessels. The saphenous nerve runs along the inner aspect of the knee. Permanent injury would result in numbness along the side of the lower leg into foot area. The common peroneal nerve course around the outside of the knee and provides protective sensation and allows us to raise our foot and ankle. If this nerve is injured a "foot drop" occurs and would require a brace and / or surgery

10. **Vessel injury.** *Rarely* the major artery/vein in the lower extremity is injured. If this occurs its injury is generally quickly detected but occasionally its detection may be delayed. In a major injury to these vessels that course in the back of the knee immediate vascular repair by a vascular surgeon is required with a subsequent hospitalization. *Very rarely*, vascular injuries have resulted in an amputation of the extremity.

11. **Tourniquet palsy.** We infrequently have to inflate a tourniquet on your thigh during surgery to maximize our visualization. If this were to exceed 2 hours you would notice some numbness and tingling on the foot for the first 24 hours and then resolution.

12. **Reflex sympathetic dystrophy.** This *rare* entity is characterized by pain out of proportion. If this occurred postoperatively it would require referral to a pain clinic, prolonged rehabilitation, and epidural spinal pain blocks.

13. **Compartment syndrome.** This *rare* complication occurs when fluid leaks out of the knee into the muscle compartment(s). Massive swelling could result in compromise of the neurovascular structures with a potential complication resulting. If this were suspected or detected emergency surgical decompression of the muscular compartments are required.

14. **Meniscal re-tear.** Occasionally meniscus (cartilage) re-tears during a twisting mechanism (1-3% within 6 months). This may result in recurrence of symptoms similar to preoperative symptoms requiring a re-arthroscopy. The healing rate of meniscal repairs (meniscal suturing) is approximately 90% in patients whose anterior cruciate ligament is intact (60% in those whose anterior cruciate ligament is torn/absent). A re-tear of a meniscal repair would require re-arthroscopy and possible repair or excision.

15. **Equipment failure.** Arthroscopic surgery is "high tech" and extremely demanding. The surgery is performed while observing the magnified images of the knee joint structures on a television screen. Motorized equipment (cameras, light sources, video recorders, etc.) could possibly malfunction resulting in the inability to complete your surgery. In our operating room we have back up systems should this occur.

### Common Occurrences

1. Some patients will note bruising around the knee. Occasionally this will be noted on the back of the leg, lower leg, or even into thigh. This is *not* a complication.

2. Anterior knee pain ("Patellar **pain syndrome**"). Some patient may develop new symptoms or exaggerated current symptoms during the course of their rehabilitation.

3. **Persistence of arthritic symptoms.** In patients who have arthritis the results of arthroscopic surgery are more variable. Some patients significantly benefit from surgery, others do not. In the patient who has arthritis it is difficult to predict preoperatively to what extent the patient will be benefited.

4. **Portal discomfort.** The small arthroscopic skin incisions as they heal may feel nodular. This generally resolves over time.

5. **Swelling.** It is common and in fact expected to have swelling about your knee after surgery. Icing your knee is extremely helpful.

Please sign below if you understand these **potential risks** of arthroscopic surgery and wish to have Dr. Bach perform arthroscopic surgery. Furthermore, it is the responsibility of the patient to inquire to his/her insurance company regarding: 1) **second opinion**, 2) **hospital versus surgical center**, 3) **inpatient versus outpatient surgery**, and 4) **that the patient is financially responsible for the balance of the surgical charge not paid by the insurance company.**

----- Date -----  
Signature, patient (all ages)

----- Date -----  
Signature (legally responsible adult if patient is under 18 years old)

----- Date -----  
Witness