

MOVE SX

MOBILE VET SURGERY

CLIENT CONSENT FORM

Patient Name: _____

Owner's Name: _____

Clinic Attended: _____

Date: _____

Procedure: _____

Complications are a potential risk associated with any procedure(s) that may be performed in veterinary surgery. Although most complications are considered an uncommon occurrence, it is important to understand these risks prior to surgery being performed. A list of potential complications for the abovementioned procedure(s) is provided as follows.

If you have any questions about the surgery or potential complications you may discuss these with your veterinarian or you may request a consultation with the surgeon prior to the procedure.

Potential Surgical Complications:

Anaesthetic

All anaesthetics carry a level risk of complications, including death, which is by patient health status and comorbidities (other health conditions). Patients that are unwell or have comorbidities are at higher risk of anaesthetic complications. Anaesthetic complications are generally considered uncommon. The responsibility of the general anaesthetic is with the attended veterinary clinic and risk factors for your pet will be discussed by your regular veterinarian.

Infection

Infection is unfortunately a relatively common complication. Perioperative antibiotics (antibiotics at the time of surgery) and sterile surgical techniques ensure that this risk is minimised as much as possible. Despite these efforts, surgical site infections are still possible. Further medical treatment is often necessary to control infections. With the use of surgical implants (such as plates, screws and wire) infection may necessitate further surgery to remove these implants. Infection can delay healing of skin, muscle and bone which can slow down the recovery process. If untreated, infection may lead to non-union or delayed healing (explained later).

Wound Dehiscence (breakdown)

Wound dehiscence is the term used to describe when a surgical wound breaks down/opens up. This most commonly occurs when sutures are prematurely removed, such as being bitten out by the patient. It may also occur secondary to infection. Reconstructive skin surgery carries a higher risk of wound breakdown.

Swelling/Discharge

Surgical swelling is relatively common and is often self-limiting. In severe cases, further medical or surgical intervention may be necessary. Discharge may develop as a result of swelling or in relation a reaction to surgical implants or suture material. Discharging tracts may require further surgery to remove associated implants if they do not resolve with medical treatment.

Haemorrhage

Haemorrhage (bleeding) is an expected part of any surgery. This is typically minimised and managed with routine surgical techniques. Major haemorrhage is considered rare with routine orthopaedic procedures but is more common with abdominal procedures and with mass/tumour removals. If major haemorrhage occurs, further medical or surgical treatment may be needed. In severe circumstances haemorrhage may be fatal.

Implant Failure (Orthopaedic specific - TPLO, MPL, Fracture)

Orthopaedic surgeries often involve the placement of implants which may include bone plates, screws, pins and wire. These implants are generally used to hold bone in a particular position to achieve the outcome of bone healing in this position. Implants can fail in the face of excessive or repetitive stress prior to the bone healing. Failure of an implant is typically when the implant breaks or moves from it's original surgical location. If this occurs, bone fragments may shift/move into undesired positions and may result in the bone not healing due to it being unstable and recurrence of clinical signs. Further surgery to remove implants is often necessary if failure occurs. New implants may need to be placed if bone healing has not been achieved at the time this occurs. If untreated, implant failure may lead to non-union or malunion (explained later). Implant failure is more common when post-operative recommendations are not adhered to.

Neuropraxia and Neurologic Deficits

Surgical procedures performed in close proximity to nerves can result in inflammation/irritation to these nerves. This can lead to a condition known as neuropraxia which can involve altered sensation/feeling, weakness and abnormal function of the nerve. Neuropraxia commonly resolves without intervention over the course of weeks. Permanent neurologic deficits are rare but can occur. Iatrogenic damage (accidental damage associated with surgery) can occur if nerves are located very close to the surgical site.

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Delayed Healing, Malunion, Non-union (Orthopaedic specific - TPLO, MPL, Fracture)

Delayed healing is where the fracture/bone cut does not heal in the expected time frame but does show signs of healing. This is most frequently seen in geriatric patients or if infection develops at the fracture site. Delayed fracture healing may be managed medically in some cases but some cases do require further surgical intervention.

Non-union is when the fracture/bone cut is not healing and does not appear to be progressing to healing. This can occur with more severe infections of the bone (osteomyelitis) or if the implants fail and lead to instability. Non-union is often a very serious complication that requires further surgical intervention. In the most severe cases, infection or instability can lead to significant bone degeneration that may necessitate amputation. This is very rare outcome.

Malunion is when the fracture/bone cut does heal but is not aligned/oriented as expected. This typically occurs if the implants have failed to some extent and movement of the fracture has occurred but the bone has then healed in this position. Malunion can lead to worsened long term outcomes, potential ongoing clinical signs and in some cases necessitates further surgery.

Both malunions and non-union are seen more frequently in dogs that have suffered more complex fractures. They are less frequently seen in TPLO or MPL surgeries but can still occur if implants fail.

Arthritis (Orthopaedic specific - TPLO, MPL, Fracture)

Many orthopaedic conditions can result in damage to the cartilage of joints. Cruciate disease and medial patella luxation are common conditions that can lead to arthritis. Surgery can reduce the progress of arthritis but will not reverse any changes already present and ongoing arthritis management is always recommended. Routine arthritis management should be discussed with your regular veterinarian.

Meniscal Injury (TPLO and Extracapsular Repair specific)

The meniscus is a cartilage pad in the knee that acts as a shock absorber and helps provide some stability to the joint. It is common for dogs with cruciate ruptures to develop meniscal tears. At surgery for cruciate disease, the meniscus is always examined. If damage is detected then this will be removed during surgery. Despite successful surgery, meniscal tears can occur in the future although the risk is lower than if surgery was not performed. Meniscal tears are in themselves painful and may be a cause of recurrence of lameness. This does require surgery to correct.

Expected Surgical Outcomes

The goal of any surgery is generally to improve quality of life or reduce clinical signs of a condition. In some instances, clinical signs (such as lameness or pain) may persist for a period of time after surgery or may recur at some point in the future despite surgery being successful. If you would like to further discuss exact expectations of the surgery being performed; please enquire about having a consultation with MoveSx to discuss in detail.

About MoveSx:

MoveSx is mobile surgical service provided by Dr. Luke Frichot *BSc BVMS MANZCVS (small animal surgery)*. Membership in the college of small animal surgery is an official recognition of a veterinarian's knowledge and experience. To become a member of the College a candidate must have at least three and a half years post-graduate experience as a veterinarian and have successfully completed both written and oral/practical examinations. It is important to note that despite being a competent surgeon who regularly performs orthopaedic and advanced soft tissue surgery, Dr. Frichot is NOT a board registered specialist surgeon.

Surgical notes will be completed and returned to the attended veterinary clinic as soon as possible. This is generally within 24 hours of surgery.

I have read and understand this document regarding the surgical procedure(s) being performed and potential complications.

I hereby give consent for the above listed surgical procedure(s) to be performed by MoveSx on the animal that is described in the consent form.

Full name of persons consenting to procedure:

Signature of persons consenting to procedure:

Date:

Admitting staff member name:
