



# WAYPOINT ORTHOPAEDIC ASSOCIATES

## ORTHOPAEDIC SURGERY RISKS AND COMPLICATIONS

As listed in general surgery consents, specific risks include failure of fractures to heal (nonunion and malunion); damage to arteries, nerves and tendons; stiffness and swelling of the arm(s)/leg(s); nerve damage resulting in nerve injury; tendon rupture; pain; weakness; numbness; tingling; reflex sympathetic dystrophy; fractures or breaks of the bones of the arm(s)/leg(s); changes in the length of the arm(s)/leg(s); poorly healing wounds; need for future surgery and blood transfusions; prolonged illness and permanent deformity; injury to intra-abdominal organs; alteration of ambulation; stiffness; immobilization; recurrence of deformity; prolonged swelling; numbness; mechanical failure of an artificial joint and possible need for revision; infections; blood clots in the arms, legs, or lungs; strokes; heart attacks; allergic reactions; personality changes and mental difficulties; failure of fixation or implant failure; and rarely even death.

Your signature below constitutes your acknowledgement (1) that you have read and agree to the foregoing and (2) that the operations or special procedures have been adequately explained to you by your attending physicians or surgeons and that you have all of the information that you desire.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

The patient is a minor, or is unable to sign, because \_\_\_\_\_

\_\_\_\_\_  
Mother/Father

\_\_\_\_\_  
Guardian or other person and relationship