



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Fractured Proximal Femur

Operation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Side: \_\_\_\_\_

*This procedure is to fix a proximal femur (or neck of femur) fracture with IM nail, plates and/or screws.*

There are risks and complications with any surgical 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:

- The bones may not heal together after the surgery, which will require another operation and bone graft.
- Failure of the fixation device requiring another operation or hip replacement.
- The bone underneath the fixation device may break or requiring another operation or traction.

- A period of time resting in bed may be required due to unstable fixation of the fracture.
- Development of avascular necrosis of femoral head requiring hemi or total hip replacement.
- 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.

### Anaesthetic Risks:

There are risks associated with all anaesthetic types (including general, spinal or regional). These risks are relative to each patient's past medical and family history. Your anaesthetist will discuss the specifics of your anaesthetic with you prior to surgery.



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*I agree that I have discussed the risks and benefits of the aforementioned procedure and have had a chance to discuss the treatment options available to me with Dr John Roe.*

*I request to have the procedure.*

**Patient:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Patient Carer or Advocate:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Surgeon:** Dr John Roe

Signature: \_\_\_\_\_

Date: \_\_\_\_\_