



## SURGICAL CONSENT RELEASE FORM

**Procedure:** *Patella surgery*

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

**Client:** \_\_\_\_\_ **Patient:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_ **Supervising Veterinarian:** \_\_\_\_\_

**Surgery/Surgeries to be performed:** \_\_\_\_\_

Location of the surgery (circle one):      **Left**                      **Right**                      **Both**

I authorize the use of anesthesia and consent to the surgical procedure for the patient.

**Initial:** \_\_\_\_\_

I have discussed the procedure with my veterinarian and understand the risks and complications associated with the surgery recommended for my pet, including anesthetic risks. I understand that the attending veterinarian is in charge of the overall anesthetic and pain therapy plan for my pet. I have discussed with my veterinarian the importance of pre-operative lab work as well as other potential diagnostics. I understand that the attending veterinarian and veterinary staff are in charge of the care of my pet prior to Dr. Fetherston's arrival and after his departure from the hospital.

**Initial:** \_\_\_\_\_

A good to excellent result is expected in the vast majority of patients, with a small percentage of patients experiencing a major complication. As with any surgery, there are complications that can occur. Risks and complications associated with surgery include but are not limited to:

1. Infection of the surgical site: Depending on the severity, this may require additional testing and medications. In some cases, this may require removal of the implants placed at the time of surgery.
2. Hemorrhage at the time of surgery and/or bruising after surgery. As the swelling from around the knee travels down the leg due to gravity there may be fluid accumulation at the ankle following surgery that typically resolves in days.
3. Recurrence of patella luxation: Following surgical correction a small percentage of patients will experience a relaxation of the patella and may require additional revision surgery to correct.
4. Patellar tendonitis (inflammation of the patellar tendon) occurs commonly following surgery as a result of the altered forces acting on the joint and does not usually cause clinical problems. Infrequently severe patellar tendonitis can occur and cause pain and/or lameness and warrant treatment.
5. Implant associated complications including loosening, migration and/or failure are rare but potential minor and major complications.
6. Ongoing lameness depending on the severity of the injury, cartilage wear, arthritis, and/or concurrent disease in other legs or joints.

Strict adherence to post-operative exercise restrictions and guidelines will minimize complications and maximize recovery. Complications may require additional testing and/or medications, and in rare cases additional surgery to correct, which are associated with additional costs.

**Initial:** \_\_\_\_\_

**I understand that my pet must wear an e-collar or leg covering to prevent licking and self-trauma to the incision which may predispose to incisional complications or infection.**

**Initial:** \_\_\_\_\_

You will have received, or will receive at your pet's surgical discharge appointment, detailed home care post-operative instructions. I understand that strict adherence to the post-operative instructions is critical to the healing of my pet. My pet will need to be under exercise restriction until released by my veterinarian for a minimum of 4-12 weeks following surgery. After surgery, your pet will need to go through periods of recovery to allow the bone to heal and rehabilitation to regain strength and flexibility. In most dogs, the recovery and rehab periods can be up to 2 to 6 months before full return to unrestricted activity.

**Initial:** \_\_\_\_\_

Fetherston Veterinary Orthopedics occasionally features patients for teaching purposes, or on social media sites. With your permission, we may share your pet's picture, video, or story. We may mention your pet by name, but we will not share the pet owner's name. We would be grateful if you would help other pets by assisting us in educating other pet owners, veterinary technicians and veterinarians

**Please initial to allow us to mention your pet as stated above:** \_\_\_\_\_

Please be available in the event that we need to get in contact with you. In the event that we are unable to reach you in a timely manner, I give permission to complete any procedures deemed medically necessary to preserve the health of the patient or the successful outcome of the procedure. Furthermore, I agree to pay the additional associated costs.

**Contact phone numbers for today 1)** \_\_\_\_\_ **2)** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_