

Consent for Surgery

Arthroscopic Decompression +/- Cuff Surgical Operation/Procedure

I Gavin Nimon have informed
of the nature , likely results and material risks of the recommended
operation/procedure and or treatment.

I have discussed the indicated risks with the patient

- Anaesthetic risk
- Infection including the use of any antibiotics
- Nerve damage (rare)
- Vascular injury (rare)
- Scarring around affected site
- Re-tear
- Stiffness at joint (rare)
- No better, or worse
- A need for further treatment or procedure

The agreed operation/procedure is...Arthroscopic Decompression +/- Cuff
Surgical Operation/Procedure.....

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Signed.....**Date**.....

I have had the surgery/procedure discussed with me and I am aware of the
indicated risks.

I am aware the procedure may also require a blood transfusion to be
administered which I have had discussed with me.

I am also aware additional procedures may be required if indicated during the
surgical procedure.

If a fixed quote has been provided prior to surgery I am aware this is an estimate
and if further treatment is required during surgery this will be additional to the
estimated quote.

I am aware I can withdraw my consent at any time prior to the operation/
procedure.

Signed.....**Date**.....