

**Dr Gavin Nimon**  
**Orthopaedic Surgeon**  
**Glenelg Orthopaedics, 47 Broadway, Glenelg South 5045**  
**Ph: 8376 9988 Fax: 8219 0046 A/H: 8378 2179**

**Consent For Surgery**

**Knee Arthroscopy 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
- Nerve damage (rare)
- Vascular injury (rare)
- Scarring around affected site
- Reoccurrence
- Stiffness at joint (rare)
- No better, no worse
- A need for further treatment or procedure
- Deep Vein Thrombosis

**The agreed operation/procedure is...**

Knee arthroscopy +/- meniscectomy.....  
.....  
.....

**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**.....