

Consent For Surgery

Total Shoulder Replacement 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; need for antibiotic coverage; removal; early loosening
- Nerve damage (rare)
- Vascular injury (rare)
- Scarring around affected site
- Stiffness at joint (rare)
- No better, no worse
- A possible need for revision of surgery 10-15 years time
- A possible need for further surgery- due to dislocation
- Deep Vein Thrombosis

The agreed operation/procedure is...

Total shoulder replacement.....
.....
.....

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

Ihave 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**.....

