

PERSONAL OPINION/CLINICAL TIPS

Personal Opinion or Clinical Tips

I would like to urge all readers of our journal to take part in the informal section titled Personal Opinion or Clinical Tips. Anything that you came across during an overseas visit or in your own practice that could be of help to others should be shared.

I am sure you have specific ways of doing an operation which can be beneficial to other colleagues. It may be just one small aspect of an operation.

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Informed consent

My approach to informed consent consists of three parts:

- I firstly discuss the diagnosis and special investigations such as sonar and MRIs with the patient, highlighting the implications to the patient (e.g. inability to work above shoulders with RC tear).
- Secondly I explain treatment options, conservative vs surgical, and pros and cons thereof. It is important to the patient to know what 'conservative' means: do I expect a cure or are we simply keeping symptoms at bay for later surgical intervention (e.g. NSAID for OA).
- The third and most important part of my counselling is on surgical procedures. I will explain the surgical procedure itself in layman's terms using sketches, booklets prepared for replacement and spine surgery and skeletal models. The patient is shown prostheses and implants and how they work. The expected hospitalisation, rehabilitation and probable anaesthetic technique are discussed (e.g. interscalene block for shoulder surgery). Financial implications as regards prostheses and implants are mentioned.

I then explain complications of the procedure under intra-operative (e.g. spinal cord damage) vs long term complications (e.g. loosening of prosthesis). The detail of this will depend on the procedure as I clearly have more to say about a hip replacement than a trigger finger release. I also discuss common problems in more detail after telling the patient that numerous complications for each procedure have been listed.

Lastly the patient signs a form confirming that I have discussed the above which also stipulates the specific limb that will be operated on. If I feel uneasy about the patient's comprehension of the procedure I schedule a second appointment, encouraging the patient to bring along a family member and a list of questions.

Having built up a solid relationship with the patient the odd complication can then be handled with openness and honesty, making an unpleasant occurrence bearable to the patient and me.

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The procedure for informed consent in my practice begins with the first consultation. If surgery is indicated a thorough explanation of this planned procedure and postoperative care and possible complications follow. Some patients prefer to think about it and come back with more questions which are discussed in full.

When the operation date is determined, the patient receives printed instructions explaining:

- what medication should be stopped pre-operatively (NSAIDs, Disprin, hormones, etc.)
- duration of aftercare
- effect and importance of skin lesions and systemic infections
- the danger of long journeys within 3 months of operation because of the risk of DVT, etc.

The diagnosis and procedure codes are faxed to the patient for authorisation purposes. If the procedure is done more than 6 months from date of consultation, I see the patient again in the consulting rooms. I see the patient pre-operatively in the ward if possible to examine the foot to be operated and answer questions. The adults do not receive sedatives (i.e. Dormicum) pre-operatively to ensure that they remember what we discussed pre-operatively. If any questions arise in the ward regarding the consent form to be signed by the patient, the ward sisters contact me personally.

The purpose of the abovementioned procedure is to create a situation of mutual trust and understanding between the patient and myself and to ensure that the patient has realistic expectations of the surgical procedure(s).

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Informed consent in private practice: How I do it

Summary

It is beneficial to both patient and doctor if the patient has realistic expectations of what is going to happen before, during and after surgery. It helps with the postoperative rehabilitation. In my experience, a well-briefed patient will almost always be a satisfied patient.

Definition of informed consent

Informed consent is a patient's agreement to go ahead with treatment after being briefed on and having a clear understanding of what to expect before, during and after surgery. During this briefing, the patient must be given the opportunity to ask questions.

Why informed consent?

Patients sometimes have unrealistic expectations regarding the implications, consequences and outcomes of surgery. If the postoperative result does not equal their expectations they might resort to legal action against the surgeon. For example, a patient who thinks that he will be able to play rugby one week after an arthroscopic cruciate-ligament repair is totally unrealistic. A well-briefed patient will know what to expect after surgery and respond better to the postoperative rehabilitation.

For this reason, I discuss the indications, alternatives and consequences of the procedure with all patients in simple terms, allowing them to interrupt me and encouraging them to ask questions. I do not recite the same story to every patient but adapt the information according to the patient's needs. Any patient who is uncertain about going ahead with the treatment is given the opportunity to go and think it over, or even get a second opinion. I am also prepared to discuss the whole procedure, risks and benefits with the patient a second time. When I am convinced that the patient is satisfied I usually ask the patient to sign a general consent form specifying the procedure in the terms in which it will be booked for theatre.

What must be discussed?

1. Explain the reasons and indications for the specific operation or treatment process for the patient's particular medical condition, for example total knee replacement for severe pain, deformity and limited walking distance.
2. Provide the patient with a general explanation of the nature of the operation or procedure, sometimes showing pictures or, for example, a total joint prosthesis.
3. Discuss the risks and benefits of the operation or treatment process.
4. Explain the general consequences and complications that could be the natural result of undergoing the intervention, such as a limitation of motion after an arthrodesis.

5. Explain the alternatives to undergoing the operation or procedure, including alternative operative measures that may be deemed necessary or desirable during the operation or procedure.
6. The patient must also give consent for any radiological or diagnostic examinations and laboratory tests that are medically indicated.
7. Consent for a blood or blood product transfusion, if indicated, should also be discussed with the patient prior to an operation or procedure.
8. If other physicians and health care workers will participate in the patient's care, this fact should be discussed with the patient.
9. The patient's health status and how it could influence the range of diagnostic procedures, treatment, healing, risks and costs associated with each treatment option should be specified, for instance diabetes, smoking, HIV.
10. Patients must be informed of their right to refuse health services. If they refuse such services, they should be informed of the implications, risks and obligations of such refusal.
11. Patients must also be made aware that they have the right to revoke the consent at any time until the operation or procedure is started.
12. The patient must be given the opportunity to ask questions and seek further information regarding the treatment options.

What must be signed?

The patient and a witness must sign a typed or written consent form in which they confirm that they were informed and had an opportunity to ask questions and seek further information regarding the treatment options.

If the patient is a minor or unable to sign the consent form the patient's parent, guardian or spouse must be included in the whole process and sign the consent form.

References

1. Dunn R. Informed consent. *SAOJ* 2008; Summer: p78
2. Rasool MN. Informed consent. *SAOJ* 2008; Summer: p78
3. Engelbrecht P. Informed consent. *SAOJ* 2008; Summer: p80

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