



**Dr M Abramson-Orthopaedic surgeon**

MBCbB, MMED, FC Ortho (SA) Practice: 1013548 – HPCSA: MP0735027

**Patient informed consent form**

I, the undersigned: \_\_\_\_\_

Give consent to the following:

\_\_\_\_\_  
\_\_\_\_\_

Operation/procedure/treatment/process, upon myself/my spouse/ my dependant

\_\_\_\_\_ By Dr M Abramson

2. My surgeon has provided me with a general explanation of the nature of this operation/procedure/treatment/process and the reasons for its indication for my particular medical condition.

3. My surgeon has also discussed with me the risks and benefits of the operation/procedure/treatment/process. Some of these risks include, but are not limited to, the following: General surgical complications: infection, allergic reactions, wound breakdown, nerve and blood vessel injury, haematoma, DVT, Pulmonary embolism, blood loss requiring transfusion, prolonged hospitalization, loss of limb, death.

4. My surgeon has also explained that I can generally expect the following consequences and complications as a natural result of the intervention (some of which are attendant to an invasive procedure). Although some of these may not occur, including but not limited to, the following: Specific complications: failure of relief of symptoms, dislocation/instability, fracture, heterotrophic bone formation, stiffness due to scarring, traction neuropraxia, implant failure, instrumentation failure and implant malposition, limb length inequality, non-union, Avascular Necrosis, non resolution or recurrence of symptoms.

5. My surgeon has explained alternatives to undergoing this operation/treatment/procedure/process including alternative operative measures that may be deemed necessary or desirable during the course of this operation/procedure/treatment/process, also inclusive of: Reoperation due to unforeseen complications arising from surgery.

7. Blood transfusion : I hereby consent to a blood/blood product transfusion to myself/the patient upon the instruction of the said medical practitioner if deemed medically indicated.

11 I understand that the outcome of the surgery/procedure/treatment intervention/process is very dependent upon me/my dependent being compliant with respect to the post-operative instructions given verbally or in writing by Dr Abramson, the physiotherapists and/or his staff, and that Dr Abramson cannot be held liable if there are complications due to non-compliance.

13 I acknowledge that I/the patient have been informed of all the above in a language understood by me/the patient.

SIGNED AT: Cape Town THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 202 \_\_\_\_\_

SIGNATURE OF PATIENT \_\_\_\_\_  
Signature of patient/parent/spouse/guardian Curator/mandated person/ grandparent/adult child/ Brother/sister

WITNESS 1 \_\_\_\_\_

WITNESS 2 \_\_\_\_\_