

AFFIX PATIENT DETAIL STICKER
HERE

NHS Organisation.....

Responsible surgeon.....

Forename.....

Job Title.....

Surname.....

Hospital Number.....

D.O.B...../...../.....

No special requirements ☐

**OPERATION: Olecraon ORIF (Open Reduction
and Internal Fixation)**

PROCEDURE: The elbow is a hinge joint. The olecraon is the upper part of the ulna (a forearm bone) and is a part of this hinge joint. Your olecraon is broken. Your surgeons have recommended that you have the olecraon fixed.

An anaesthetic will be given in theatre. This may be a general anaesthetic (where you will be asleep) and/or a local block (i.e. where you are awake but the area to be operated is completely numbed). You must discuss this and the risks with the anaesthetist.

A tight inflatable band (tourniquet) may be wrapped around your upper arm to limit the amount of bleeding. The skin is cleaned with antiseptic fluid and surgical drapes (towels) are put around the elbow. A cut (incision) is made usually down the back of the elbow. This allows access to the broken bone. When the bone has been put back to a position (as close to normal as possible), the surgeon will try and hold them with a plate and screws. X-rays can be taken throughout the operation.

When the surgeon is happy with the fixation, the skin can be closed. This is usually done with surgical stitches (sutures). The sutures may be under the skin (these will dissolve with time) or above the skin (these will need to be removed in 10 to 14 days).

The arm is often placed in a half-cast at the end of the operation. You should return in a fortnight after the operation to allow the team to check the wound.

Please be aware that a surgeon other than the consultant with adequate training or supervision may perform the operation

ALTERNATIVE PROCEDURE: all broken bones can be left without an operation and treated by resting in a cast. However, they may not set in the right position or may not join at all. Your surgeon believes that your fracture is severe enough to need an operation.
There are several ways to fix this type of fracture. This forms suggests how it may be done, but you should discuss the procedure with your consultant.

RISKS

As with all procedures, this carries some risks and complications.

COMMON (2-5%)

Pain: the procedure will hurt afterwards. It is important to discuss this with the staff and ask for pain killers if needed. Keeping the arm up (elevated) in a sling will reduce the pain.

Scar: the operation will leave a thin on the back of the elbow. You can discuss the length of this with the surgeon.

RARE (<1%)

Infection: This is may present as redness, discharge or temperature around the wound. A course of antibiotics may be necessary once the source has been isolated.

Thick/ keloid scar: These are scars which grow excessively (within the wound margin and beyond respectively). They occur in some people and can not be predicted although if you have a previous keloid scar you are at greater risk. Scars may be treated with steroid injection or surgically if necessary.

Delayed wound healing: may occur if the wound is under tension, infected or short of blood supply.

Fat necrosis: this is also a cause of delayed wound healing

Bleeding: there will inevitably be some bleeding, but this is usually controlled at the time of the operation

Neurovascular damage: there are many important nerves and blood vessels that run past the elbow. These can be damaged during the operation. This may leave numbness or weakness in the muscles below the elbow. This will rarely need another operation.

Delayed/ non-union: This may happen because the bone is damaged, the bone is poor quality or the bone not adequately.

Confirmation of consent :

I have read/ understand the procedure, risks and complications. I have asked any questions and raised any immediate concerns I might have. I understand another surgeon other than my consultant may perform the operation.(although they will have adequate training/ supervision).

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.



Signature.....

Print name.....

Date...../.../20...

2nd Confirmation..... .Date...../.....20....

I also give consent for my notes and data to be used in any studies and trials in the future ☐

NAME of SURGEON (Capital letters).....

SIGNATURE of SURGEON.....

POSITION.....

DATE...../...../20.....