



# KNEE REPLACEMENT CONSENT FORM

*Personalised for TMTC doctors and partner hospitals*

## Important

This form supports the consent discussion for knee replacement surgery arranged through The Medical Travel Company (TMTC). It does not replace the treating surgeon's responsibility to obtain valid informed consent in line with local law, hospital policy and professional standards. The surgeon must personalise the discussion to the patient's diagnosis, procedure, implant choice, comorbidities, travel plan and aftercare arrangements.

## 1. Patient and TMTC pathway details

Patient full name	.....
Date of birth / Patient ID	.....
Procedure	Total knee replacement / partial knee replacement / revision knee replacement / other: .....
Side	Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/>
Treating TMTC doctor / surgeon	.....
Partner hospital / city / country	.....
TMTC clinical coordinator / case manager	.....
UK GP / referrer / aftercare contact	.....

## 2. Confirmation of consent discussion

- I have had the opportunity to discuss my diagnosis, treatment options, expected benefits, material risks, recovery plan and follow-up arrangements with my treating surgeon.
- I understand that consent is a process and I may ask questions at any time before the procedure.
- I understand that a surgeon other than the named consultant may assist or perform part of the operation only where appropriately trained, credentialed and supervised in line with hospital policy.
- I understand that TMTC coordinates aspects of the care pathway, communication and documentation, but the operation is performed by the treating surgeon at the partner hospital.

## 3. Operation: knee replacement / knee arthroplasty

A knee replacement is an operation in which damaged or worn joint surfaces of the knee are replaced with artificial components. It is commonly performed for painful arthritis when symptoms significantly affect mobility, function, sleep or quality of life and when non-operative treatments are no longer sufficient.

Before surgery, the surgeon will confirm the planned procedure and mark the correct leg. You should bring relevant X-rays, scan reports, medication lists and medical records. Anaesthesia may be general, spinal/regional, local block, sedation, or a combination, and will be discussed with the anaesthetist.

During surgery, the skin is cleaned with antiseptic and sterile drapes are applied. A cut is usually made at the front of the knee. The damaged surfaces of the femur, tibia and sometimes the kneecap are prepared. Metal and polyethylene components are fitted and secured. The wound is closed with sutures, clips or glue, and a dressing is applied.



## 4. Expected benefits

- Reduction in arthritic knee pain.
- Improved walking, mobility and ability to carry out daily activities.
- Improved knee alignment and function where appropriate.
- Improved quality of life, although results vary and a knee replacement may not feel exactly like a natural knee.

## 5. Alternatives to surgery

Alternatives may include no surgery, weight loss, activity modification, physiotherapy, walking aids, pain relief medication, anti-inflammatory medication, steroid or other injections, knee brace, arthroscopy in selected cases, cartilage procedures in selected cases, osteotomy, knee fusion, or continued observation. Some options may not be suitable depending on the pattern and severity of arthritis, age, fitness, expectations and desired activity level.

## 6. TMTC travel and coordination considerations

- My fitness to travel and operate will be assessed using the information I provide. I must disclose all relevant medical history, medications, allergies, previous clots, infections, heart/lung conditions, diabetes and any previous anaesthetic problems.
- I understand that travel before or after surgery may affect DVT/PE risk and recovery planning. I will follow advice on mobilisation, hydration, anticoagulation and flight timing.
- I understand that TMTC and the partner hospital will explain who to contact during each stage: pre-operative assessment, admission, discharge, rehabilitation, return travel and post-operative follow-up.
- I understand that complications may need urgent assessment abroad or in the UK depending on timing and severity. I will not delay seeking emergency care if symptoms are severe.

## 7. Risks and complications

All operations carry risks. The surgeon should discuss risks that are especially important for this patient, including risks related to age, weight, smoking, diabetes, heart/lung disease, previous clots, immune suppression, infection history, medications, travel and rehabilitation needs.

Frequency	Risk	What this may mean
<b>Common (around 2-5%)</b>	Pain	The knee is expected to be sore after surgery. Pain usually improves with time, but persistent pain can occasionally occur.
<b>Common (around 2-5%)</b>	Bleeding or bruising	A blood transfusion, iron tablets or further treatment may occasionally be needed. A large painful haematoma may rarely require an operation.
<b>Common (around 2-5%)</b>	Deep vein thrombosis (DVT)	A clot can form in a vein after surgery. Measures such as medication, stockings, foot pumps and early mobilisation may be used to reduce risk.
<b>Common (around 2-5%)</b>	Knee stiffness	Stiffness can occur, especially if the knee was stiff before surgery. Further physiotherapy or manipulation under anaesthetic may be required.



Frequency	Risk	What this may mean
<b>Common (around 2-5%)</b>	Prosthesis wear or loosening	Modern implants usually last many years, but the bearing surfaces can wear or loosen and revision surgery may be required.
<b>Less common (around 1-2%)</b>	Infection	Antibiotics and sterile theatre precautions are used, but infection can still occur. Treatment may involve antibiotics, washout surgery, revision surgery, or rarely treatment for sepsis.
<b>Rare (&lt;1%)</b>	Pulmonary embolism (PE)	A clot can travel to the lungs and affect breathing. This can be life-threatening.
<b>Rare (&lt;1%)</b>	Altered leg length	The operated leg may feel shorter or longer after surgery.
<b>Rare (&lt;1%)</b>	Altered wound healing or scarring	The wound may become thickened, painful or cosmetically noticeable.
<b>Rare (&lt;1%)</b>	Joint instability or dislocation	The joint may require reduction, a brace or further surgery.
<b>Rare (&lt;1%)</b>	Nerve injury	There may be altered sensation, numbness, pain or weakness around the knee or lower leg. This can be temporary or permanent.
<b>Rare (&lt;1%)</b>	Bone damage	Bone may fracture during or after insertion of the implant and may require fixation or further surgery.
<b>Rare (&lt;1%)</b>	Blood vessel injury	Blood vessels behind the knee can rarely be damaged and may require urgent vascular surgery.
<b>Very rare</b>	Death	Death is a very rare but recognised risk after any major operation and can result from complications such as PE, infection or heart/lung problems.

## 8. Patient-specific risks discussed

<b>Patient-specific risks / comorbidities</b>	..... .....
<b>Implant type / fixation / bearing discussed</b>	.....
<b>Blood-thinning / DVT prevention plan</b>	.....
<b>Infection prevention plan</b>	.....
<b>Rehabilitation / physiotherapy plan</b>	.....
<b>Return travel / fit-to-fly advice</b>	.....
<b>Follow-up arrangements</b>	.....



### 9. Infection and complication pathway

- I have been advised to seek urgent medical review if I develop fever, increasing wound redness, heat, swelling, discharge, worsening pain, calf swelling, chest pain, breathlessness, fainting or sudden deterioration.
- I understand that a suspected infection may require blood tests, imaging, wound review, antibiotics and sometimes urgent surgery.
- I understand that implant details and operation records should be available to support follow-up care and, where applicable, future revision planning.

### 10. National Joint Registry / implant records

Where applicable, I consent to my implant and procedure details being submitted to the relevant joint registry or hospital implant record system. I understand that registry information is used for audit, safety monitoring and implant traceability, subject to applicable law and privacy safeguards. Declining registry consent should not affect my care, but may affect the completeness of implant surveillance records.

### 11. Patient declaration

- I have read or had explained to me this consent form and any patient information leaflet provided.
- I have had the opportunity to ask questions and my questions have been answered to my satisfaction.
- I understand the nature, purpose, expected benefits, alternatives, risks and possible complications of the procedure.
- I understand that no result can be guaranteed.
- I consent to the planned procedure and associated anaesthesia, investigations, imaging, blood tests, medications, physiotherapy and reasonable treatment of complications if required.

#### Patient signature

<b>Patient signature</b>	.....
<b>Print name</b>	.....
<b>Date</b>	..... / ..... / 20.....
<b>Second confirmation on day of surgery</b>	Signature: ..... Date: ..... / ..... / 20.....

### 12. Surgeon / TMTC doctor declaration

- I confirm that I have explained the procedure, alternatives, material risks, patient-specific risks and expected recovery to the patient in a way they can understand.
- I confirm that the patient has had the opportunity to ask questions and has not been placed under pressure to proceed.
- I confirm that this consent has been personalised to the patient's clinical condition and the proposed TMTC pathway.

#### Treating surgeon / TMTC doctor

<b>Name of surgeon / doctor</b>	.....
<b>Role / position</b>	.....
<b>GMC / local registration number</b>	.....
<b>Signature</b>	.....
<b>Date</b>	..... / ..... / 20.....



### 13. Interpreter / witness, if required

Interpreter / witness

Name	.....
Role / relationship to patient	.....
Signature	.....
Date	..... / ..... / 20.....

**Document control**

Template prepared for TMMC doctors. Suggested review: by TMMC Medical Advisory Board, partner hospital legal/clinical governance team and treating specialty lead before operational use. Version: Draft v1.0 | Date: May 2026