

**Hospital for Special Surgery  
Limb Lengthening and Complex Reconstruction Service Surgical Consent Form**

The details of my surgery and the usual postoperative routine have been discussed with me by my surgeon,  
S. Robert Rozbruch, MD and Zachary Edelman, PA

Surgery: \_\_\_\_\_

Upon : \_\_\_\_\_ (name of patient)

I understand that there is risk associated with surgery. Major risks include:

(Common)

- Pin tract infection, superficial, resolves with oral antibiotics (for external fixation)
- Joint stiffness, temporary
- Nerve irritation with distraction, temporary
- Need for additional (unplanned) surgery
- Incomplete resolution of all pain.
- Stoma site infection, superficial, resolves with oral antibiotics (for osseointegration surgery)

(Unusual)

- Deep bone or joint infection
- Recurrent infection (if currently present)
- Malunion (bony deformity)
- Incomplete correction of deformity or leg length discrepancy
- Recurrent deformity or leg length discrepancy (collapse of new bone)
- Nonunion (bone does not heal)
- Delayed bone healing
- Joint stiffness, permanent
- Need for blood transfusion
- Fracture of bone at pin site or other site (broken bone)
- Deep venous thrombosis (DVT) (blood clot)

(Rare)

- Nerve injury
- Artery injury
- Compartment syndrome (excessive swelling in leg that could lead to permanent loss of function)
- Loss of limb

I understand the risks and benefits of the surgery. Almost all of the complications listed above can be treated and improved with additional surgery to optimize the end result. I give my informed consent.

Signature of patient/parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Attending Signature: \_\_\_\_\_

**Hospital for Special Surgery  
Limb Lengthening and Reconstruction Surgical Consent Form**

The details of my surgery and the usual postoperative routine have been discussed with me by my surgeon, Austin T. Fragomen, MD and Zachary Edelman, PA

Surgery: \_\_\_\_\_  
\_\_\_\_\_

Upon : \_\_\_\_\_ (name of patient)

I understand that there is risk associated with surgery. Major risks include:

(Common)

- Pin tract infection, superficial, resolves with oral antibiotics (for external fixation)
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Relationship to patient: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Attending Signature: \_\_\_\_\_