

**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)  
Joint stiffness, temporary  
Nerve irritation with distraction, temporary  
Need for additional (unplanned) surgery  
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Relationship to patient: \_\_\_\_\_

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

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