

Quality of Consenting in Elective Total Knee Replacement

A Multicentre Study

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Introduction: Obtaining consent for orthopaedic procedures is a fundamental medical, legal, and ethical obligation. The quality of consenting and employed forms can vary dependent on the Surgeon's preference and departmental guidelines.

Methods: This study comprised of two parts; firstly, we performed a telephone survey of all NHS Trusts in England to establish the type of consent form used for elective total knee replacements (TKR). Additionally, we conducted a multicentre retrospective study to evaluate the quality of informed consent obtainment for TKRs using a generic consent form. 500 consent forms in 5 institutions were assessed for 22 essential components (consent quality score). This included 14 common complications and 8 generic elements.

Results: 67.2% of trusts use generic consent forms for elective TKRs, 15.6% use pre-printed procedure-specific forms, 3.1% use electronic forms, and the rest use a combination. The analysis of the 500 generic consent forms revealed that the completion of the forms was suboptimal and, on many forms, generic details and complications were missing: thromboembolism missing in 5.5%, infection in 9.6%, stiffness in 22.2%, nerve injury in 22.6%, vascular injury in 29.5%, bleeding in 44.9%, pain in 54.7%, risk of revision surgery in 62.8%, death in 71.5%, wear in 82.9% and amputation in 94.5%.

Conclusion: The results demonstrated that the quality of consent obtainment needs improvement. We encourage the use of pre-printed, procedure-specific consent forms to ensure that patients have sufficient information to give free and informed consent.

Consent Quality Score (22 elements)	
Generic elements (8)	
	Patient's details entered
	Responsible Surgeon entered
	Full procedure entered
	Benefits of procedure entered
	Abbreviation used on form
	Copy of consent given to patient
	Consent form signed and dated by patient
	Consent form signed and dated by Surgeon
Complications (14)	
	Thromboembolism
	Infection
	Stiffness
	Pain
	Bleeding
	Fracture
	Nerve injury
	Vascular injury
	Implant loosening
	Implant wear
	Anaesthetic risk
	Revision surgery
	Death, mortality
	Amputation

Consent quality score: The median score for all grades of consenter was 13 (IQR, 11 to 15). Senior surgeons achieved a median score of 12 (IQR, 10 to 14), junior grade doctors 13 (IQR, 13 to 14), and middle-grade surgeons 14 (IQR, 13 to 17). The highest median score was achieved by Nurse Practitioners with 15 points (IQR, 15 to 18). Statistically significant differences ($p < 0.001$) between all groups.

