AAOS American Academy of Orthopaedic Surgeons
American Association of Orthopaedic Surgeons

Information Statement

Orthopaedic Surgical Consent

This Information Statement was developed as an educational tool based on the opinion of the authors. It is not a product of a systematic review. Readers are encouraged to consider the information presented and reach their own conclusions.

The American Academy of Orthopaedic Surgeons (AAOS) believes that the development of high quality information that defines which diagnostic, treatment, and prevention services are most effective for specific patients and populations will improve informed patient choice and shared decision-making. Such efforts will maximize the improvement of health status of individuals and populations.

Surgical consent in elective surgery is a critical surgical safety process. Surgical consent provides proper:

- Legal documentation as mandated by state laws,
- Surgical facility documentation as regulated by surgical facility certification organizations such as the Joint Commission,[1]
- Surgical site, side, level, implant, procedure and patient confirmation for surgeons and surgical team members.

Despite the many legal and regulatory consent requirements, consent inconsistencies and errors remain one of six most frequent causes of 'preventable surgical harm' as identified in the Joint Commission Sentinel Events database.[2]

Surgical consent in elective surgery is not a discrete event or document rather a sequential surgical safety process. To provide safest and best quality surgical care, surgical consent should be:

- **Timely** - if possible prior to the day of surgery (for elective surgery) and prior to pre-op holding area for emergency surgery (if possible)
- **Accurate** - proper clearly identified surgical site, side, level, implant, procedure and patient
- **Understandable** - legible, without complex medical terminology or jargon, in a language understandable for the patient (with a translator if needed), in a quiet well lit room with family/friend/s for support
- **Complete -** providing legal documentation in the facility-based format including time, date, patient name, clear procedure description and both patient and witness signature,
- **Surgeon-led** with a full/adequate discussion with time for questions to test understanding and retention**.**

Inaccuracy, deficiency or absence of any of these surgical consent components increases risk of surgical harm.

Orthopaedic surgeons and surgical teams recognize the importance of a surgeon-led timely, accurate, understandable and complete surgical consent process in elective surgery as a key component of surgical safety.

Surgical consent is also recognized as key element of patient-surgeon communication and patient-centered care. Proper surgical consent can increase both surgical patient understanding and satisfaction. Active engagement of the patient and family in surgical consent discussions facilitates patient-surgeon shared surgical decision-making. Placing and maintaining the patient in the center of the consent process maintains safety and best surgical outcomes in clear focus for the entire surgical team. Use of some complimentary consent programs such as multi-media or classroom presentations can increase understanding, retention and satisfaction. Older or culturally diverse patients have been shown to both understand and retain less surgical consent information. Surgeon directed questions, "say-backs" and "read-backs" to confirm understanding can increase retention and improve surgical patient satisfaction.

The AAOS recommends routine utilization of patient-centered surgical consent processes in elective surgery to minimize - with a goal of eliminating - preventable surgical harm.

References:

1. The Joint Commission - Universal Protocol. http://www.jointcommission.org/standards_information/up.aspx . Accessed 12/14/12
2. The Joint Commission: Sentinel Event Database, http:www.jointcommission.org/sentinal event.aspx. Accessed 1/4/13

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