Risk Factors Listed on Fracture Neck of Femur Consent Forms – Do We Truly Have Informed Consent?

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Introduction

Montgomery Case 2015 summary[1]:
A woman with diabetes and of small stature, delivered her son vaginally. A problematic birth followed due shoulder dystocia which resulted in a hypoxic injury to the child resulting in cerebral palsy. The patient claimed her obstetrician had not disclosed the increased risk of shoulder dystocia in vaginal delivery with her being diabetic and of small stature, despite Montgomery asking if the baby's size was a potential problem.
Montgomery sued for negligence, arguing that, if she had known of the increased risk, she would have requested a caesarean section.
The case established that valid consent should not be based on the judgment a medical professional makes, where a responsible body of medical processionals would agree (Bolam test). It established a patient should be told all risk factors that would be pertinent to their particular situation (Montgomery ruling on consent)
Following the Montgomery Case 2015 BOA issued guidance on consent form risk factors via www.orthoconsent.com [2]
This reflected the need for consent forms to be patient focused and include risks relevant to each individual patient.

Guidelines

www.orthocosent.com guidance. #NOF fixation risk factors to be included on consent forms:

- DVT/PE
- Bleeding
- Pain
- Infection
- Catheterisation
- Altered Leg Length
- Neurovascular injury
- Bone damage
- Hip Stiffness
- Anaesthetic Risks
- Altered Wound Healing
- Death

Aim

- Investigate whether the risk factors listed on #NOF consent forms were in line with BOA guidelines – defined as the benchmark
- Identify any risk factors frequently missed from the consent process
- If there are issues with consent quality - identify mechanism to improve the process

Method

A retrospective data analysis was performed on all fracture neck of femur consent forms for the preceding 3 months in a busy district general hospital.

This was followed by a formal teaching session on consent and the introduction of an information sheet accompanying the consent forms displaying all required risk factors to be included in the consent process. A further period of data collection followed.

Inclusion Criteria (fixation included)

- Dynamic Hip Screw
- Hip Hemiarthroplasty
- Total Hip Replacement (THR)
- Intramedullary (IM) Nail

Exclusion Criteria

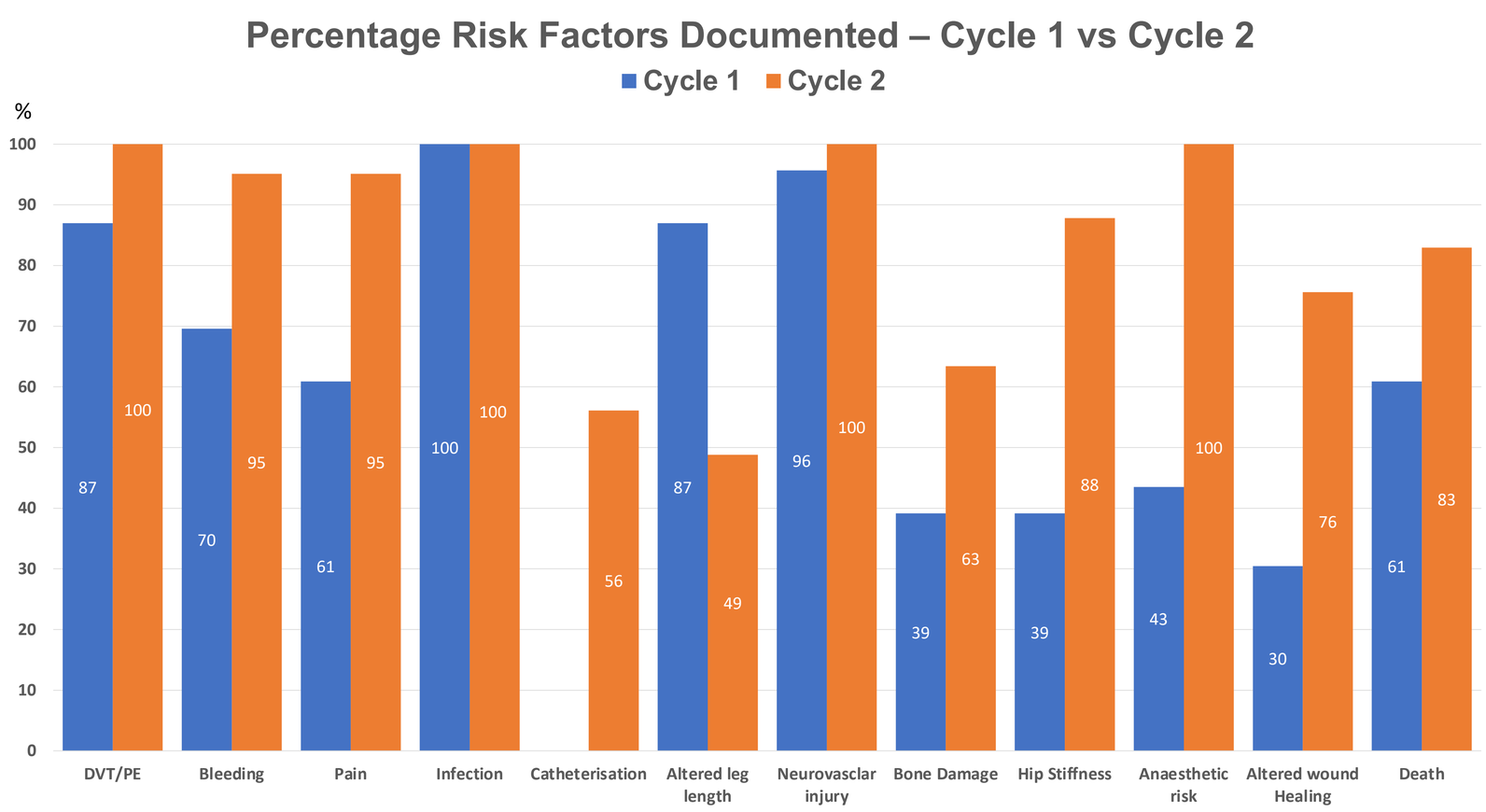
- Patients consented with 'Consent Form 4'
- No Consent Form Available on scanned notes
- Cannulated Screw Fixation
- Patients who opted for Conservative Management

Cycle 1

Number of patient consent forms	DHS	IM Nail	Hemiarthroplasty	THR
23	2	1	14	6

Cycle 2

Number of patient consent forms	DHS	IM Nail	Hemiarthroplasty	THR
41	9	3	21	8



Risk Factor included on each Form	Number of Consent forms with risk factor (%)		Difference %
	CYCLE 1 N = 23	CYCLE 2 N = 41	
Infection	23 (100)	41 (100)	0
Neurovascular Injury	22 (96)	41 (100)	+4
DVT/PE	20 (87)	41 (100)	+13
Altered Leg Length	20 (87)	20 (49)	-38
Bleeding	16 (70)	39 (95)	+25
Pain	14 (61)	39 (95)	+34
Death	14 (61)	34 (83)	+25
Anaesthetic Risk	10 (43)	41 (100)	+57
Bone Damage	9 (39)	26 (63)	+24
Hip Stiffness	9 (39)	36 (88)	+49
Altered Healing	7 (30)	31 (76)	+46
Catheterisation	0	23 (56)	+56

Results

First Cycle:
Number of risk factors from www.orthoconsent.com listed on each consent form (out for 12 total)

- Maximum – 10 (no single consent from included all factors)
- Minimum – 5
- Average - 7.6 BOA risk factors listed

Second Cycle
All recommended risks were included on 44% of consent forms

Second Cycle vs First Cycle
From 12 individual risks:

- 10 risk factors showed an increase in inclusion percentage
- 1 risk factor showed a reduction in inclusion percentage – Altered Leg Length
- Largest increase in inclusion percentage was anaesthetic risk

Conclusion

- Overall the quality of consent forms increased in the 2nd cycle when compared to the 1st
- All risk factor inclusion percentage improved or stayed stable when compared to the first cycle – except altered leg length
- Out of 41 consent forms in the second cycle – 18 (44%) included all risk factors , in comparison to 0 in the 1st
- Overall the standard of consent improved however there is still variation of 56% to 100% in different risk factors being included in the consent process
- With the modernisation and introduction of technology in medical practice a move towards eConsent platforms would provide a quick solution to the problem highlighted, however this does have cost implication for NHS Trusts.

References

1) Lee A. 'Bolam' to 'Montgomery' is result of evolutionary change of medical practice towards 'patient-centred care' *Postgraduate Medical Journal* 2017;**93:**46-50.

2) www.orthoconsent.com – website access