**Consent Form**

**Title of Study:** Effect of Ankle Versus Thigh Tourniquets on Post-operative Pain in Foot and Ankle Surgery: A Prospective Study

**Chief Investigator:** Mr Jitendra Mangwani (Jitendra.mangwani@uhl-tr.nhs.uk)

**Study Overview:** You are invited to participate in a research study that aims to investigate the relationship between tourniquet site and postoperative pain in patients undergoing foot and ankle surgery.

**Purpose of the Study**: The purpose of this study is to contribute to the understanding of how tourniquet site influences postoperative pain in foot and ankle surgery patients. The information gathered will help improve surgical practices and patient outcomes in the future.

**Study Procedures:** If you agree to participate, you will undergo foot and ankle surgery, during which data on tourniquet pressure, site, and duration will be collected. Postoperative pain will be assessed using the Visual Analogue Score (VAS) at different time points, including immediate recovery, six hours, and 24 hours post-operation.

**Risks and Discomforts:** There are minimal risks associated with participating in this study. Surgical procedures carry inherent risks, and the collection of data may cause slight discomfort during pain assessments. However, all efforts will be made to ensure your safety and minimize any potential discomfort.

**Benefits of Participation:** While there may be no direct benefits to you, your participation will contribute valuable information that may help improve surgical practices and postoperative pain management for future patients undergoing foot and ankle surgery.

**Confidentiality:** All information collected during this study will be kept confidential. Your identity will be protected, and data will be reported in aggregate form.

**Voluntary Participation:** Participation in this study is entirely voluntary. You have the right to withdraw at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision to participate or not will not affect your current or future medical care.

**Contact Information:** If you have any questions or concerns about the study, please feel free to contact the chief investigator at the provided contact information.

**Consent:** I have read and understood the information provided in this consent form. I have had the opportunity to ask questions and have received satisfactory answers. I voluntarily agree to participate in the study, understanding that I can withdraw at any time without prejudice.

**Participant's Signature: _____**

**Date: _____**

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Investigator's Note: Please provide a signed copy of this form to the participant and retain a copy for the study records.