

INFORMED CONSENT - CARPAL TUNNEL RELEASE

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INFORMED CONSENT - CARPAL TUNNEL RELEASE

INSTRUCTIONS

This is an informed-consent document which has been prepared to help your plastic surgeon inform you concerning carpal tunnel release surgery, its risks, and alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

Carpal tunnel syndrome occurs when the median nerve is compressed within the carpal tunnel region of the wrist. There are many causes of carpal tunnel syndrome. Depending on the extent, severity and degree of nerve compression, this disorder may not improve without surgery. Surgery is performed to relieve symptoms associated with median nerve compression and to prevent the loss of hand function. Hand rehabilitation after surgery may be necessary.

Carpal tunnel release surgery is frequently performed by plastic surgeons. There are several different methods of performing carpal tunnel surgery. Your plastic surgeon will discuss the various alternative surgical procedures involved.

ALTERNATIVE TREATMENTS

Alternative forms of treatment consist of not treating the condition, wearing wrist splints, taking medications and/or vitamin supplements, or injecting cortisone-type drugs into the carpal tunnel region. Treatment of certain types of systemic diseases or other conditions, if present may improve carpal tunnel syndrome. Risks and potential complications are associated with alternative surgical forms of treatment.

RISKS OF CARPAL TUNNEL RELEASE SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with carpal tunnel surgery and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of carpal tunnel surgery.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Intraoperative blood transfusions may be required. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. If blood transfusions are needed to treat blood loss, there is a risk of blood related infections such as hepatitis and the HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection- Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary.

Scarring- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the skin and deeper inside the wrist. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. There is the possibility of visible marks in the skin from sutures. Scars may limit motion and function. There is the possibility that scarring can contribute to the recurrence of carpal tunnel syndrome. In some cases scars may require surgical revision or treatment.

Skin Discoloration / Swelling- Some bruising and swelling normally occurs following surgery. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

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Delayed Healing- Wound disruption or delayed wound healing is possible. Depending on the type of carpal tunnel surgery performed, there may be a prolonged time until swelling, and soreness improve following surgery. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. **Smokers have a greater risk of skin loss and wound healing complications.**

Damage to Associated Structures- Structures such as nerves, blood vessels and muscles may be damaged during the course of surgery. Damage to the median nerve may produce permanent finger numbness or loss of thumb strength. Injuries to nerves may produce painful growths known as neuromas in both the skin and deeper tissues. The potential for this to occur varies with the type of surgical technique utilized. Additional surgery may be necessary should this problem occur. Injury to associated structures may be temporary or permanent.

Recurrence of Carpal Tunnel Syndrome- Carpal tunnel syndrome may recur after surgery due to a variety of reasons. It may not be possible to completely release the median nerve compression with surgery. Scarring and inflammatory disorders of the wrist tendons may produce constriction of the median nerve and recurrence of symptoms. Disorders of the neck, upper extremity, or systemic illness may contribute to the perpetuation of carpal tunnel symptoms after surgery. Additional treatment may be necessary if there is a recurrence of carpal tunnel syndrome. Fundamental change in occupational activities may be necessary should carpal tunnel syndrome recur.

Non-Improvement- Carpal tunnel symptoms of hand numbness may not be improved after surgery. There also may not be improvement in thumb muscles damaged from carpal tunnel syndrome. Other disorders of the upper extremity and neck, which may be in coexistence with carpal tunnel syndrome, will not be improved from a carpal tunnel release surgery. There are other conditions of median nerve-compression in the forearm which simulate carpal tunnel symptoms. Disease conditions and systemic illnesses may cause the direct injury to nerves. Nerve function may not return to normal even after a successful carpal tunnel release. There is the possibility of a poor result from the carpal tunnel surgery. This would include risks such as loss of function, wound disruption, chronic pain and loss of hand function.

Allergic Reactions- In rare cases, local allergies to tape, suture materials and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

Surgical Anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Shock- In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

Skin Sensitivity- Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolve during healing, but in rare situations it may be chronic.

Pain- You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after carpal tunnel release surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue.

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Cardiac and Pulmonary Complications- Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of blood clots or swollen legs that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

ADDITIONAL ADVISORIES

Unknown Outcome of Surgery- Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of carpal tunnel surgery. There is the possibility that hand function after carpal tunnel surgery may not be adequate for return to your regular occupation. Unsatisfactory surgical scar location, visible deformities at the ends of the incisions (dog ears), loss of function, wound disruption, poor healing, and loss of sensation may occur. It may be necessary to perform additional surgery to improve your results.

Medications- There are many adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process. Do not drive, do not operate complex equipment, do not make any important decisions, and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)-

Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smokers may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

_____ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

_____ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions that may influence the long-term result of carpal tunnel surgery. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with carpal tunnel surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

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PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and splints should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

HEALTH INSURANCE

Depending on your particular health insurance plan, carpal tunnel surgery may be considered a covered benefit. Please review your health insurance subscriber-information pamphlet, call your insurance company, and discuss this further with your plastic surgeon. **Many insurance plans exclude coverage for secondary or revisionary surgery.**

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and outpatient hospital charges, depending on where the surgery is performed. Additional charges may include hand rehabilitation therapy after surgery. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the injury or surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility. Health insurance may not completely cover the costs of surgery and hand rehabilitation. You may require more hand rehabilitation services than your insurance plan covers. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

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CONSENT FOR SURGERY / PROCEDURE or TREATMENT

- 1. I hereby authorize Dr. _____ and such assistants as may be selected to perform the following procedure or treatment:

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I have received the following information sheet:

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- 2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
- 3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
- 4. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.
- 5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
- 6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
- 7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
- 8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
- 9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
- 10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
- 11. I realize that not having the operation is an option.
- 12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

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