



INFORMED-CONSENT-CARPAL TUNNEL RELEASE

INSTRUCTIONS

This is an informed-consent document which has been prepared to help your plastic surgeon inform you about 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.

INTRODUCTION

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 TREATMENT

Alternative forms of treatment consist of not treating the condition, wearing wrist splints, medications, vitamin supplements, or having injections of 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 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. 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. Should post-operative bleeding occur, it may require emergency treatment to drain 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.

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

Scarring- 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 surrounding skin. Scars may limit motion and function. There is the possibility that scarring can contribute to the recurrence of carpal tunnel syndrome. Additional treatments including surgery may be needed to deal with scarring.

Delayed healing- Depending on the type of carpal tunnel surgery performed, there may be a prolonged time until swelling, and soreness improve following surgery.

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.

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.

Unknown outcome of surgery- There is the possibility that hand function after carpal tunnel surgery may not be adequate for return to your regular occupation.

Allergic reactions- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

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.

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.

ADDITIONAL SURGERY NECESSARY

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.

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. 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.

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). 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 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.

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:

_____.
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 involves risk and the possibility of complications, injury, and sometimes death.
 4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
 5. I consent to the photographing or televising of 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 authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
 9. 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 (1-9). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

