

INFORMED-CONSENT-FLEXOR TENDON REPAIR SURGERY

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INFORMED-CONSENT-FLEXOR TENDON REPAIR SURGERY

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you of flexor tendon surgery, its risks, as well as 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

Flexor tendons connect muscles in the forearm to structures within the hand and fingers. Tendons allow the contractile force of forearm muscles to be used for movement in the wrist, hand, and fingers. Injuries to flexor tendons may severely affect function of the hand due to disruption of the muscle-tendon unit(s).

Injuries to flexor tendons may occur from cuts, crush injuries, sprains, or in rare cases, without apparent injury.

Once severed, it is unlikely that a tendon can heal without surgical repair. Partially cut tendons may or may not require repair, depending on the extent of damage. Restoration of hand function after injury to flexor tendons requires surgery, aftercare, and supervised hand rehabilitation in order to obtain the best results.

Hand injuries severe enough to cut flexor tendons may damage other vital structures within the forearm, hand, and fingers such as blood vessels, nerves, bone and soft tissues important to normal hand function. These structures may require repair in addition to the flexor tendon(s). Damage to these structures may be only discovered at the time of surgery.

ALTERNATIVE TREATMENTS

Alternative treatment consists of not undergoing surgery for tendon repair. There is the possibility of loss of function if cut tendons are not repaired. Risks and potential complications are associated with alternative forms of treatment.

RISKS of FLEXOR TENDON SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with flexor tendon 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 the following complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of flexor tendon 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 (hematoma). 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.

Infection- Infections after tendon repair surgery may occur. Additional treatment may be required. There is the possibility of tendon repair failure or scarring from an infection. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Tendon scarring- Injuries to flexor tendons also affect other structures necessary for proper tendon function. Scarring can occur within the tendon repair itself or in nearby structures to prevent the return of normal tendon function. Additional surgery may not be successful in freeing the tendon from scar tissue which prevents motion. When tendon scarring occurs, other structures such as joints may lose normal motion.

Change in skin sensation- Diminished (or loss) of skin sensation in the finger, hand or forearm may occur and not totally resolve after flexor tendon repair.

Risks of Flexor Tendon Surgery, continued

Failure of tendon repair- Sutures are used to hold the tendon repair together until it has healed and has enough strength for function. It is possible to break the sutures or tear apart the tendon repair. Breakage of tendon repairs is a serious problem. If this occurs, additional surgery would be necessary to secondarily repair the tendon. It is important that you follow all post-operative instructions concerning protecting the tendon repair from damage.

Skin contour irregularities- Contour irregularities and depressions may occur after flexor tendon repair. Visible and palpable wrinkling of skin may occur.

Skin scarring- In rare cases, excessive or abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. Additional treatments including surgery may be necessary to treat abnormal scarring.

Inability to restore function- Hand and forearm injuries often involve more than just a cut tendon. Not all damaged structures can be surgically repaired. Injuries to other soft tissues and bone may prevent adequate tendon function despite a successful tendon repair. Loss of soft tissues in the finger or hand may require other reconstructive surgical operations. Some hand injuries may be so severe that there is no reasonable expectation of return of function. Complications involving other parts of the hand and forearm may occur after hand injury.

Patient failure to follow through- Tendon structures after surgery are vulnerable to breakage until healing has occurred. It is important that the tendon is not subjected to excessive force or motion during the time of healing. Personal and vocational activity must be restricted. Protective dressings and splints should not be removed unless instructed by plastic surgeon or hand therapist. Successful restoration of tendon function depends on both surgery and subsequent hand rehabilitation. It is important that you participate in follow-up care and hand rehabilitation after surgery.

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.

Unsatisfactory result- There is the possibility of a poor result from the tendon repair surgery. This would include risks such as skin and soft tissue loss, wound disruption, chronic pain and loss of hand function. **There is the possibility that hand function after tendon repair surgery may not be adequate for return to your regular occupation.**

Delayed healing- Depending on the type of surgery performed, complete healing may be prolonged.

Damage to associated structures- Structures such as nerves, blood vessels, bone, and soft tissues may be damaged during surgery.

Additional incisions necessary- Cut tendons may retract. It may be necessary to extend the original wound where the tendon was cut or make new incisions to retrieve the retracted tendon(s).

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

Pain- Very infrequently, chronic pain may occur from nerves becoming trapped in scar tissue or from other causes after flexor tendon repair surgery.

Risks of Flexor Tendon Surgery, continued

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 particularly associated with flexor tendon repair 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 possible outpatient hospital charges, depending on where the surgery is performed. 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 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, every patient is unique and informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered when medical care is reasonable and directed at obtaining appropriate results. 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:

INFORMED-CONSENT FLEXOR TENDON SURGERY

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 _____