

# Patient Consent for Carpal tunnel release



DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician: **Dr. Amit Bhandarkar**

The planned procedure:

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Diagnosis: \_\_\_\_\_

After careful consideration, I have decided to undergo surgery to try to lessen my chronic pain. I authorize Dr. Bhandarkar and any assistants as may be selected and supervised by him to perform my surgery. I understand that Amit W Bhandarkar M.D. is my doctor and that he will participate in and supervise my hospital and surgical care. I understand that, in his absence, other designated physicians and/or assistants might be involved in my follow-up care. I acknowledge and understand that the above procedure or treatment has been explained to me (sometimes referred to as the patient) in layman's terms. This information is given to me so that I can make an informed decision about having anterior approach cervical discectomy and fusion (ACDF) to treat my chronic neck pain. I also acknowledge that I had the opportunity to ask for clarifications and all my questions have been answered to my utmost satisfaction.

## Surgical Approach

An approximately 5cm cut is made through the skin just past your wrist. The Median Nerve is located and the tissue around it released. The skin will be closed with sutures that need to be removed at 10-14 days post op if non-dissolvable sutures are used.

## Risks/Complications

The following are some but not all of the risks associated with this procedure:

### General/ Local Anesthesia:

- Risks of cardiac arrest/ failure, pulmonary failure and/ or death.
- Pain of local anesthetic: injection of local anesthetic can be painful, but only lasts a few seconds until hand becomes numb.

### Nerve complications:

- Nerve injury which could result in: numbness/ tingling/ pain in the hand, weakness in the hand.

### Wound Complications:

-Painful Wrist is usually temporary but may be more prolonged. There can be weakness initially that usually resolves quickly.

-Bleeding- It is possible to experience some bleeding after the procedure, although not common. This can require a drain to remove the accumulated blood. This can be partially prevented by stopping blood thinners and anti-inflammatory medications 7 days prior to surgery.

-Scarring- All surgical procedures leave scars, some being more visible than others. This scarring can happen at the skin level or deeper and may increase the risk of recurrence of carpal tunnel syndrome. The appearance of the scarring can vary within the same scar.

-Skin discoloration & swelling is normal after surgery. This typically resolves relatively quickly.

-Skin Sensitivity- Itching, tenderness and exaggerated responses to cold and hot may occur after surgery. This usually resolves during the healing process but in rare cases can be chronic.

## General Complications

### Unknown Outcome of Surgery

Although good results are expected there is no guarantee of the results you desire. There may be continued pain, numbness and tingling in the hand. You may experience continued weakness and may be unable to return to the level of activity or work you had prior to surgery. In some cases the surgery may need to be repeated to achieve the desired outcome.

The overall complication rate for this surgical procedure is very small (less than 5%) and the overall success rate is 96%. I understand that the complications and risks listed above are the most common complications and risks of the procedure, and that there are many more complications which can occur less frequently.

## Alternatives to Proposed Surgical

- Rest and anti-inflammatory medications
- Exercise/physical therapy/re-conditioning
- Brace wear
- Another option

Implants, devices and/or pharmacologic agents may be used in a manner considered to be an "off-label use" by the FDA. "Off-label use" refers to using a drug, implant or device for a reason not specifically approved by the FDA. The decision of whether or not to use an implant, device or pharmacologic agent for an off-label use is a matter of medical judgement.

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I have been counseled regarding the nature of the condition for which surgery is proposed. I understand the alternative(s) to surgery. The basic steps of the proposed procedure, the advantages, disadvantages, risks, possible complications, and alternative treatments have been explained and discussed with me by **Dr. Amit Bhandarkar**. I understand that there can be no guarantees on a surgical outcome or that a surgical complication will not occur. I understand that the proposed surgical procedure may not completely relieve all the pain I am experiencing and that the possibility exists that the pain I currently have could be the same or worse after the surgery.

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Patient or Authorized person

Signature

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Date

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Relationship to patient if authorized person signature