Informed Consent

De Quervain Disease Surgery

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INSTRUCTIONS

This is a document to help you learn about De Quervain disease surgery. You will also learn about its risks and other treatments.

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery you have talked about with your plastic surgeon.

GENERAL INFORMATION

In De Quervain disease, you will have extreme pain caused by tendons in the wrist near the thumb. In severe cases, hand and thumb movement, like grabbing and twisting, can cause pain. This surgery is an outpatient procedure.

OTHER TREATMENTS

Treatments without surgery include resting the wrist and thumb and wearing a splint at night. Hand therapy, taking medication, and steroid shots can also help. All these treatments have risks.

RISKS OF DE QUERVAIN SURGERY

Every surgery has risks that you should know about. Every surgery also has limits. Choosing to have surgery means comparing the risks and benefits. Most patients do not have problems, but you should talk about them with your plastic surgeon. Make sure you know all possible outcomes of the De Quervain surgery.

Scars:

All surgeries cause scars. This surgery may leave long, obvious scars in the skin or deeper tissues. These may not go away. Scars may be ugly, dark, raised, and red. They may even be itchy or painful. Some patients are prone to keloids—prominent, raised, red scars that remain. You may need more treatments like medications or surgery to fix this.

Infection:

You may have an infection after De Quervain surgery. If you get an infection, you may need to go to the hospital for treatment. This could include antibiotics or more surgery.

Hematoma:

Bleeding after surgery can form a hematoma. Normally this goes away on its own. If it does not, it may lead to healing problems and you may need to drain the fluid.

Open Wounds:

Wounds may open after surgery. This is not a good sign. If this happens, more surgery or other treatment may be needed.

Change in Skin Feeling:

You could have a loss of feeling or change in feeling in the skin of the finger, hand, or arm after De Quervain surgery. This may not get better.

Damage to Nearby Tissues:

The surgery might damage nerves, blood vessels, bones, or other tissues. The risk of this depends on the

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type of surgery and how it is done. You may need more surgery to fix this. Injuries to tissues may or may not get better.

Complex Regional Pain Syndrome (CRPS):
This is rare but can happen after the surgery. You may have CRPS if you have pain, swelling, redness, and more sensitivity. CRPS may get better on its own. If it does not, you might need further treatment.

Relapse:
It is not always possible to fully fix the movement and function of the hand and fingers. Even after a perfect surgery, it is common for De Quervain disease to recur.

Nerve Injury:
Nerve injury may occur during the surgery. This can lead to sensitivity and pain at the site of the injury. It may also result in numbness of the finger, hand, or arm. If a nerve injury occurs, it may require more surgery.

Tendon Shifting:
After surgery, the tendons have more room to move. This usually lessens the pain. Sometimes tendons move around too much after surgery (this is called subluxation). This could be painful and may need more treatment.

DISCLAIMER
Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

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

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the procedure **De Quervain Disease Surgery.**
2. I got the information sheet on De Quervain Disease Surgery.
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to provide any treatment that my doctor thinks is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the surgery's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after surgery. I also agree to any additional surgeries or treatment that is needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this surgery. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the surgery is an option and that I can opt-out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. THE ABOVE SURGERY TO BE PERFORMED
    b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
    c. THERE ARE RISKS TO THE SURGERY

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

Witness _____Date/Time_____

_____ Patient Initials

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