Informed Consent

Ganglion Cyst Surgery

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INSTRUCTIONS

This is a document to help you learn about ganglion cyst surgery. You will 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

Ganglion cysts are lumps that are often formed in the wrist, hand, or fingers. They are not cancerous. Many conditions may cause ganglion cysts. These cysts may limit hand use or cause pain. Surgery to remove the cyst may reduce the pain. If you have other problems like arthritis, removing the cyst may not improve pain.

OTHER TREATMENTS

There are other ways to deal with a ganglion cyst. Surgery is not the only option. You can use splints, a drain, or injections. Taking fluid out of the cyst with a needle does not remove the cyst. The lump will often come back. All treatments have risks and complications.

RISKS OF GANGLION CYST SURGERY

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

Scarring:

All surgeries leave scars. This surgery may leave long, obvious scars in the skin or deeper tissues that do 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 further treatments like medication or surgery.

Infection:

Infection can happen after 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.

Wound Opening:

The wounds of a ganglion cyst surgery can open. 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 surgery, and 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 you have. You may need more surgery if this happens. Injury to nearby 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.

Lack of Improvement:
If you have other problems of the hand or wrist, these will not get better with ganglion cyst surgery.

Return of the Cyst:
These cysts can come back after surgery. This may or may not happen. You may need more surgery to remove a ganglion cyst that has come back.

Tendon Scarring:
Surgery to take out ganglion cysts may leave scars in the tendons. Scarring can happen in the tendon itself or around it. More surgery may or may not free the tendon from the scar tissue. When tendon scarring happens, even the joints may lose normal motion.

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.

 _____ **Patient Initials**
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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the procedure **Ganglion Cyst Surgery.**
2. I got the information sheet on Ganglion Cyst 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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