Informed Consent

Trigger Finger Surgery

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INSTRUCTIONS

This document will tell you about trigger finger surgery. It will outline its risks, and other treatments.

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

GENERAL INFORMATION

Tendons that flex your fingers pass through organs called "pulleys" in your palm and fingers. The flexor tendons glide through a covering sheath. Injuries to tendons or their sheaths can reduce normal tendon motion. This can cause a popping feeling as thick parts of the tendon pass back and forth through tight parts of the sheath. This may get worse until the finger locks in a flexed position. At that point, the only way to make it straight may be by pulling on it like the trigger on a gun. Pain, stiffness, and swelling may go along with this "trigger finger" problem.

Trigger finger has many causes. Surgery can help the tendon move more easily by making the tight pulley loose at the base of the finger. The decision to have this surgery depends on how bad the condition is.

OTHER TREATMENTS

Other ways to treat trigger finger are not having surgery, taking medicines, hand therapy, or injecting steroids into the tight pulley. These methods have their own risks and issues.

RISKS OF TRIGGER FINGER SURGERY

All surgeries have some risk. Every procedure has its limits. Choosing to have a surgery means comparing the risks and benefits. Most patients do not face problems, but you should talk about them with your plastic surgeon. Make sure you know all possible risks of trigger finger surgery.

Scarring:

All surgeries cause scarring. This surgery may leave long, prominent scars in the skin or deeper tissues. These may not go away. Scars may be ugly, dark, raised, red, and even itchy or painful. Some patients are prone to keloids. These are prominent, raised, red scars that stay that way. You may need more medications and/or surgery.

Infection:

Infection can occur after surgery. You may need to return to the hospital for treatment if you get an infection. You may have to take antibiotics. More surgery may be needed.

Hematoma:

Bleeding after surgery can form a hematoma. This is a local pool of blood outside the blood vessels. Normally this goes away on its own. If it does not there may be problems with healing. You may need to have a doctor drain the fluid.

Wound Opening:

The wounds made in surgery can break open, causing poor results. If this happens, you may need more surgery or other treatment.

Change in Skin Feeling:

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

 _____ **Patient Initials**

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Damage to Nearby Tissues:

The surgery might damage nerves, blood vessels, bones, or other tissues. The risk of this depends on the type of surgery. You may need more surgery if this happens. Injury to nearby tissues may or may not get better.

Complex Regional Pain Syndrome (CRPS):

Complex regional pain syndrome (CRPS) is rare but can happen after the surgery. If you have pain, swelling, redness, changes in temperature, and a heightened sense of touch, this could be CRPS. It 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, they will not get better with trigger finger surgery.

Tendon Scarring:

Surgery to treat trigger finger may cause scarring around the nearby tendons. This can happen in the tendon itself or in other tissues. This keeps you from fully using the tendon. More surgery may or may not free the tendon from scar tissue that limits motion. Tendon scarring may cause other areas, such as joints, to 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.

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CONSENT FOR PROCEDURE OR TREATMENT

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