



Affix Patient Label

Patient Name:

Date of Birth:

### Informed Consent: Carpal Tunnel Surgery

This information is given to you so that you can make an informed decision about having **carpal tunnel surgery**.

#### Reason and Purpose of this Procedure:

You have carpal tunnel surgery done to treat numbness and pain in your fingers. The numbness and pain is caused by your compressed median nerve. The surgery is done by cutting a ligament in your wrist to take the pressure off the nerve. This ligament will become a little bit longer when it heals. The goal of carpal tunnel surgery is to:

- Lessen pain and numbness.
- Reduce nerve damage.
- Improve grip.
- Decrease dropping of objects.

#### Benefits of this Procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Reduce pain.
- Help with numbness.
- Better strength.
- Decrease dropping of objects.

#### General Risks of Procedures:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotics and breathing treatments.
- A strain on the heart or a stroke may occur.
- Bleeding may happen. If there is a lot of bleeding, you may need more surgery.
- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you.

#### Risks of this Procedure:

- **Infections are rare, but serious when they happen.** If you get an infection, you may need more surgery and antibiotics.
- **The carpal tunnel can again become tight.** You may have pain and numbness again.
- **Scarring around your tendons.** This can limit motion of fingers and thumb.
- **Damage to nerves, tendons, and artery structures during the procedure.** If this happens you may need further repair.
- **The surgery may not make your symptoms better.** Your nerve may not recover or your nerves may be compressed at the other body sites in addition to the carpal tunnel.

#### Risks Associated with Smoking:

Smoking is linked to an increased risk of infections and delayed healing. Both can be serious complications.

**Risks Associated with Obesity:**

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

**Risks Associated with Diabetes:**

Diabetes can increase the risk of infection and slow wound healing.

**Risks Specific to You:**

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**Alternative Treatments:**

- Do nothing. You may decide not to have the procedure.
- Pain management (medications)
- Steroid injections
- Change your activities (avoid activities that make your pain or other symptoms worse)
- Carpal tunnel braces

**If you Choose not to have this Treatment:**

- Your doctor can discuss the alternative treatments with you.

**Information on Moderate Sedation:**

You will be given medicine in an IV to relax you. This medicine will also make you more comfortable. This is called “moderate sedation”. You will feel sleepy. You may even sleep through parts of your procedure. We will monitor your heart rate and your blood pressure. We will also monitor your oxygen level.

If your heart rate, blood pressure or oxygen levels fall outside the normal range, we may give medications to reverse the sedation. We may be unable to reverse the sedation. We may need to support your breathing.

Even if you have a NO CODE status:

- You may need intubation to support your breathing.
- You may need medications to support your blood pressure.

We will re-evaluate your medical treatment plan and your NO CODE status when sedation has cleared your body.

**Benefits of Moderate Sedation:**

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Less pain during the procedure
- Less anxiety or worry
- Decreasing your memory of the procedure

**Risks of Moderate Sedation:**

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect. The list includes:

- Decreased breathing during the procedure and dropping oxygen levels. To help you breathe, a tube may be placed into the mouth or nose and into the trachea to help you breathe.
- Allergic reactions: nausea & vomiting, swelling, rash.
- Vomit material getting into the lungs.
- A drop in blood pressure. This needs fluids or medicine to increase blood pressure.
- Heart rhythm changes that may require medicines to treat.
- Not enough sedation or analgesia resulting in pain or discomfort.

Your physical and mental ability may not be back to normal right away. You should not drive, or make important decisions for at least 24 hours after the procedure.

**General Information:**

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure, the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.



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**By signing this form, I agree:**

- I have read this form or had it explained to me in words I can understand.
  - I understand its contents.
  - I have had time to speak with the doctor. My questions have been answered.
  - I want to have this procedure: **Carpal Tunnel Surgery** |  **Left** |  **Right** |  **Open** |  **Endoscopic** \_\_\_\_\_
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- I understand that my doctor may ask a partner to do the procedure.
  - I understand that other doctors, including medical residents or other staff may help with the procedure. The tasks will be based on their skill level. My doctor will supervise them.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Relationship:  **Patient**       **Closest relative (relationship)** \_\_\_\_\_       **Guardian/POA Healthcare**

Interpreter’s Statement: I have interpreted the doctor’s explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter’s Signature: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**For Provider Use ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Teach Back:**

Patient shows understanding by stating in his or her own words:

\_\_\_\_ Reason(s) for the treatment/procedure: \_\_\_\_\_

\_\_\_\_ Area(s) of the body that will be affected: \_\_\_\_\_

\_\_\_\_ Benefit(s) of the procedure: \_\_\_\_\_

\_\_\_\_ Risk(s) of the procedure: \_\_\_\_\_

\_\_\_\_ Alternative(s) to the procedure: \_\_\_\_\_

**OR**

\_\_\_\_ Patient elects not to proceed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*(Patient signature)*

Validated/Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_