



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent: Trigger Finger Release

This information is given to you so that you can make an informed decision about having **trigger finger release**.

Reason and Purpose of this Procedure:

Trigger finger limits the movement of your finger. Tendons in your arm connect to your fingers and control movement. When you have trigger finger, the tendon sticks as it moves through a tunnel called the tendon sheath. This may cause your finger to lock, or pop before it straightens out. During trigger finger release surgery the “pulley” that connects the tendon and tendon sheath to the bone is cut. This makes room for the tendon to move without sticking.

The goal of trigger finger release surgery is to:

- Reduce pain.
- Minimize or prevent tendon damage.
- Prevent locking.

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.
- Relief of locking.

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 occur. If bleeding is excessive, you may need a transfusion.
- 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.** You may need more surgery and medicine to treat.
- **The pulley can become tight again.** Locking can happen again.
- **Scarring around the tendons can limit motion of fingers and thumb.**
- **Damage to nerves, tendons, and arteries during the surgery.** If this happens you may need further repair.
- **Failure to relieve symptoms.** Tendons may be compressed in other parts of the hand.

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. Following your doctor's recommendations to monitor and control your blood sugars can minimize these risks.

Risks Specific to You:

Alternative Treatments:

Other choices:

- Do nothing. You can decide not to have the procedure.
- Pain management (medicines).
- Steroid injections.

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: **Trigger Finger Release** | Right Left
 Thumb Index Finger Long Finger Ring Finger Small Finger
- 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 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: _____