

BROWARD HAND CENTER



**HARRIS GELLMAN M.D.
PURNELL TRAVERSO M.D.**

**INFORMED CONSENT AGREEMENT FOR SURGERY
OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES**

1. I, (PATIENT'S NAME) _____, hereby request and authorize
 (First) _____ (Last) _____
 DR. HARRIS GELLMAN OR DR. PURNELL TRAVERSO and/or assistants of their choice, to perform the following **surgical procedure**:

2. I understand that the reason for the procedure is:

3. The doctor has explained the nature of the surgery procedure to me. I understand the surgery may involve the cutting of skin, tissue, tendon, muscle, cartilage, bone, blood vessels and nerves. It may also involve temporary or permanent insertion of an implant such as a wire, pin, screws or other forms of fixation to enhance the surgical procedure. It may include a permanent implant/prosthetic.

4. If during the surgery/procedure conditions arise calling for surgery/procedures in addition to or different from the contemplated surgery/procedure that was discussed in the office, I hereby request and authorize the above named doctor and/or their assistants to take such action, as they deem advisable in the exercise of professional judgment for me.

5. I consent to the administration of such anesthetics as the doctor and/or their assistants deem advisable in the exercise of professional judgment, with the exception of _____

6. I consent to the disposal of any tissue or parts, which may be removed during surgery. If suspicious this tissue may be sent to a pathologist for tissue examination.

7. I understand most surgical patients experience some postoperative discomfort, pain, swelling, bleeding, drainage, discoloration of soft tissue, scarring and there will be a period of temporary disability. The doctor has also explained possible complications and risks of this surgical procedure. These can include but are not limited to:

a. **SKIN**: Excessive scarring may take place. The wound may open also following the surgical procedure or there may be skin loss. This may require a return trip to the operating room to close the wound or the need to have a plastic surgeon evaluate the wound for possible wound or scar revision, which is another surgical procedure.

b. **NERVE**: Injuries to nerves can occur during surgery. This may cause temporary numbness along the incision or further along the extremity. This numbness may resolve over a period of time or it may be permanent. Nerves can be inadvertently cut during surgery causing a chronic pain type syndrome necessitating long-term or chronic use of pain medication and consultations with a neurologist for pain management. It may also develop into a nervous system dysfunction called reflex sympathetic dystrophy requiring treatment that may include but is not limited to epidural injections and implantable nerve stimulators to the spine. Although this is an uncommon condition this condition may become permanent, causing chronic pain and even a permanent disability.

c. **BONE**: Bones may be slow to heal following the surgical procedure. This may necessitate the use of a bone stimulator or bone grafting to help to enhance healing of the bone. A delayed union of the bone or nonunion (where the bones do not grow together) may also develop requiring further surgery in the area to help the bones unite.

d. **JOINTS**: Joints may become excessively stiff following the surgical procedure. This stiffness may be temporary or permanent. It may require medication and therapy to reduce some of the pain and stiffness or surgery to help the joint move more freely. The stiffness may be permanent despite further surgical attempts. This may cause long-term pain with the use of the extremity.

e. **INFECTION**: Infections may develop of the skin or soft tissue. Mild infections may require oral antibiotics. If the wound has any drainage or if there is deep drainage this may require a return trip to the operating room to clean out any drainage from the wound. It may require intravenous antibiotics for up to six weeks. Further surgery may be necessary to help lessen the deformity. And this would cause a poor surgical outcome.

f. **TENDON**: Intended to be repaired during the normal part of the surgical procedure, in the course of healing, scarring and contractions of the tendon may occur. Healing of the tendon may also cause the tendon to rupture. These complications may require another surgical procedure to correct these problems.

g. **LIGAMENTS**: these structures are routinely repaired during surgery. The ligaments may rupture or tear postoperatively or stretch out significantly, requiring another surgical procedure to repair the ligament damage.

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- h. **VEINS:** Inflammation of a vein, or phlebitis may develop, or a blood clot deep within the vein may develop. This would require hospitalization, and management may include blood thinners or implantation of dot filters for a prolonged period of time.
- i. **COSMESIS:** The surgical site may not appear to be cosmetically acceptable after surgery. This may include crookedness or chronic swelling of the joint or digit that may require revision surgery.
- j. **POOR OUTCOME:** The results of the surgery/procedure cannot and have not been guaranteed and I understand my condition may not improve and might worsen. The need for further surgery may arise due to this poor outcome.
- k. **RECURRENCE:** The deformity the existed prior to surgery may recur. This may necessitate another surgical procedure.
- l. **NEW ALIMENTS:** You may develop a new condition subsequent to the surgical procedure. This may include arthritis in the joint, requiring subsequent surgery. The outcome would be poor if this developed.
- m. **PAIN:** Excessive pain may develop following the surgical procedure. The pain may be temporary or chronic, requiring a physician who specializes in pain management to treat you.
- n. **BLEEDING/ARTERIAL OR VEIN INJURY:** Excessive bleeding may occur following the surgery causing a hematoma. This may require another surgical procedure to remove excessive bleeding and dot formation within the wound. Excessive bleeding may also necessitate the need for a possible blood transfusion. If a vessel is damaged, it may need to be repaired by a vascular surgeon.
- o. **SWELLING:** Following the procedure a normal degree of swelling is expected. The surgical site or the area surrounding the surgery may swell for a prolonged period of time. Areas can swell for up to one year following the surgical procedure. This may require chronic use of compression type dressing to limit the swelling.
- p. **COMPLIANCE:** Compliance is critical following surgery. All instructions on medication usage, bandages, weigeharing status, physical therapy and/or home exercise program or use of the body part must be strictly adhered to. If not, a poor outcome may develop.

8. I understand that the likelihood of complications and/or delayed recovery is greater if I suffer from certain conditions. These include:
- Diabetes
 - Hemophilia
 - Chronic fatigue syndrome
 - Chronic neck pain
 - An unstable family life or poor personal/professional/occupational/workplace relationships at the time of surgery.
 - Poor circulation
 - Blood disorders
 - Fibromyalgia
 - Migraine headaches
 - Anemia
 - Allergies
 - Chronic back pain
 - History of depression

To the best of my knowledge I suffer from no condition, which might increase the risks of surgery except for:

9. The doctor has explained to me alternative forms of treatment and I understand that this surgical procedure is elective of optional. I can learn to live with my condition, or I can choose other more conservative forms of treatment. These may include:
- Physical therapy
 - Oral or injectable medications
 - Closed treatment
 - Casting and braces
 - Shaving of dead tissue

I certify that I have read or have had read to me the contents of this form. I understand the basic nature of the surgery/procedure. I have explained all the risks that are involved with the surgical procedure. I have also been told all the alternative forms of treatment available. I have verbalized understanding of this to my doctor. I do not desire any further explanation. All the blanks or statements requiring insertion or completion were filled in or crossed out before I signed this consent form. I understand that I should not sign this form if all items, including my questions, have not been explained or answered to my satisfaction. I understand all of the terms or words contained in this consent form. I have no further questions with regard to the risks or hazards of the proposed surgery/procedure.

I HAVE RECEIVED A COPY OF THIS CONSENT FORM.

PATIENT/RESPONSIBLE PARTY _____ WITNESS _____ DATE: _____
MM DD YYYY

PHYSICIAN DECLARATION: I HAVE EXPLAINED THE CONTENTS OF THIS DOCUMENT TO THE PATIENT AND HAVE ANSWERED ALL THE PATIENT'S QUESTIONS, AND TO THE BEST OF MY KNOWLEDGE I FEEL THE PATIENT HAS BEEN ADEQUATELY INFORMED AND HAS CONSENTED.

PHYSICIAN: _____ DATE ____ / ____ / ____
MM DD YYYY