

# MIDWEST ORTHOPEDICS AT RUSH SHOULDER ARTHROSCOPY CONSENT

## *POSSIBLE COMPLICATIONS*

*Please note that this is one of the consent forms that you will be asked to sign the morning of surgery. There is also another standard consent form that the Surgicenter will have you sign.*

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

We have listed complications/problems which have been reported with arthroscopic shoulder surgery. **IN GENERAL ARTHROSCOPIC SHOULDER SURGERY IS EXTREMELY SAFE, HIGHLY SUCCESSFUL, AND HAS MINIMAL COMPLICATIONS ASSOCIATED WITH THE PROCEDURE.** Certain risks may be increased or decreased depending upon the type of arthroscopic surgery and the extent of injury that you have. If you have any questions, do not sign this consent. **It is critical for you to have realistic expectations regarding your surgery and expected outcome.**

1. **Postoperative bleeding** within or around the shoulder joint.
2. **Persistent swelling.**
3. **Postoperative infection.** Superficial (skin) or deep (within the joint) may occur. The incidence is reported at <1% (1/250). A skin infection generally is treated with oral antibiotics. If you developed a deep infection, you would require readmission to the hospital, re-arthroscopy or an open procedure to wash out the infection, and a variable period of intravenous antibiotics (2-6 weeks).
4. **Phlebitis/Deep Vein Thrombosis (blood clots).** Deep vein thrombosis or blood clots are *unusual* in arthroscopic shoulder surgery but can, like in any surgery, occur. Compressive boots are used during surgery to help minimize this risk. A blood clot would require a readmission to the hospital a treatment with a blood thinner (Heparin/Coumadin) for several days followed by a 3 month period of oral anticoagulants (Coumadin). You are encouraged to become ambulatory as much and as soon as possible after surgery.
5. **Pulmonary embolus.** When a blood clot becomes dislodged it may travel to the lungs resulting in acute shortness of breath, rapid heartbeat, and in *rare* situations result in sudden death.
6. **Broken instruments.** The instruments that are used to perform your surgery may potentially break within your joint. This is a *rare* complication. If this occurred the piece almost always could be uneventfully removed arthroscopically. However, if this was not possible, your surgery might need to open the shoulder surgically to extract the broken instrument.
7. **Nerve injury.** Partial or complete injury to the major nerve to the limb has *rarely* been reported in the literature. Stretch injury to the nerve may also occur as a result of positioning or your arm and body during surgery. Most of these injuries recover within weeks to months following the surgery. Incomplete recovery, partial and complete permanent injuries have resulted from these rare but serious complications.

8. **Vessel injury.** *Rarely* the major artery/vein in the upper extremity is injured. If this occurs its injury is generally quickly detected but occasionally its detection may be delayed. In a major injury to these vessels of the upper extremity occurs, an immediate vascular repair by a vascular surgeon is required with a subsequent hospitalization. *Very rarely*, vascular injuries have resulted in an amputation of the extremity.
9. **Reflex sympathetic dystrophy.** This *rare* entity is characterized by pain out of proportion. If this occurred postoperatively it would require referral to a pain clinic, prolonged rehabilitation, and epidural spinal pain blocks.
10. **Stiffness.** Following any type of shoulder surgery, stiffness of the shoulder is frequently noted in the early stages of recovery. In most cases, normal motion is regained about 6-12 months after surgery. Occasionally, if more significant or prolonged stiffness occurs, a secondary procedure may be required to remove scar tissue and manipulate the shoulder to regain motion.
11. **Fracture.** In cases where your shoulder is undergoing treatment for stiffness (adhesive capsulitis or frozen shoulder), there is a risk of fracture, dislocation or tear of the rotator cuff which may be associated with attempts to move your shoulder to restore motion while you are under anesthesia.
12. **Cosmetic Deformity.** In certain cases, your surgeon may elect to perform a biceps tenodesis or tenotomy. In this situation, the long head biceps is found to have disease or damage which is contributing to your shoulder condition and is therefore removed from the shoulder joint. If this procedure is performed, there may be a cosmetic asymmetry in the appearance of your biceps and arm compared to the opposite side. This change in appearance is not associated with any loss of function.
13. **Recurrent Instability.** In cases in which your shoulder is being operated on for instability (otherwise referred to as dislocations or your shoulder slips out of socket), repeat dislocations of the shoulder may occur after surgery. The risk of repeat dislocations following a procedure to stabilize the shoulder is about 10%.
14. **Equipment failure.** Arthroscopic surgery is "high tech" and extremely demanding. The surgery is performed while observing the magnified images of the knee joint structures on a television screen. Motorized equipment (cameras, light sources, video recorders, etc.) could possibly malfunction resulting in the inability to complete your surgery. In our operating room we have back up systems should this occur.
15. **Hardware Complications.** During many shoulder procedures, anchors, screws or other implants are used to repair the shoulder. In most cases, these implants cause no additional problems and are required to complete the procedure. In rare cases, these implants may be associated with complications such as loosening, pain, infection or bone reaction that require secondary surgery or removal.
16. **Persistent Pain/Function Deficit:** As with any surgery, there is no guarantee of success, complete relief of pain, or return of normal function. In rare cases, pain or functional loss may become worse after surgery. Your surgeon can discuss with you the outcomes and chance of success of the specific procedure you are having.
17. **Open Surgery.** In some cases, your surgeon may elect to make an open incision to complete your surgery. This decision may be required based on the amount of swelling that occurs in the shoulder during arthroscopy, or as a result of the type of problem identified in your shoulder at the time of surgery. The same risks as described above are associated with open surgery.

## Common Occurrences

- 1. Bruising/Swelling:** Some patients will note bruising around the shoulder. Occasionally this will be noted tracking in the upper arm or forearm or hand. In addition, swelling in the hand can occur after immobilization in the sling. Movement of the elbow, wrist and hand can help decrease swelling in this area. This is *not* a complication.
- 2. Numbness associated with sling use.** Numbness of the hand can be associated with the use of a sling which is often required after shoulder surgery. Generally, this numbness resolves with movement of the elbow once the sling is removed.
- 3. Portal discomfort.** The small arthroscopic skin incisions as they heal may feel nodular. This generally resolves over time.

Please sign below if you understand these **potential risks** of arthroscopic surgery and wish to have your surgeon perform arthroscopic surgery. Furthermore, it is the responsibility of the patient to inquire to his/her insurance company regarding: **1) second opinion, 2) hospital versus surgical center, 3) inpatient versus outpatient surgery, and 4) that the patient is financially responsible for the balance of the surgical charge not paid by the insurance company.**

\_\_\_\_\_ Date \_\_\_\_\_  
Signature, patient (all ages)

\_\_\_\_\_ Date \_\_\_\_\_  
Signature (legally responsible adult if patient is under 18 years old)

\_\_\_\_\_ Date \_\_\_\_\_  
Witness