

INFORMED-CONSENT-GANGLION CYST SURGERY

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INFORMED-CONSENT GANGLION CYST SURGERY

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you of ganglion cyst surgery, its risks, as well as alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon.

INTRODUCTION

Ganglion cysts are common tumors found in the wrist, hand, and fingers. There are many theories for the development of ganglion cysts. Ganglion cysts may interfere with hand function or cause complaints of pain. Depending on the extent and severity of this condition, complaints may not improve without surgery to remove the ganglion cyst.

ALTERNATIVE TREATMENTS

Alternative forms of treatment consist of not undergoing surgery, not treating the condition, or injections of cortisone-type drugs into the cyst. The removal of the jelly-like fluid from the cyst with a needle does not permanently remove the ganglion cyst. Risks and potential complications are associated with alternative forms of treatment.

RISKS of GANGLION CYST SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with ganglion cyst surgery. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of ganglion cyst surgery.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding.

Infection- Infections after ganglion cyst surgery may occur. Additional treatment may be required. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Change in skin sensation- Diminished (or loss) of skin sensation in the finger, hand or forearm may occur and not totally resolve after ganglion cyst surgery.

Scarring- Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper locations. Scars may be unattractive and of different color than the surrounding skin. There is the possibility that scars may limit motion and function. Additional treatments may be needed to deal with scarring after surgery.

Ganglion cyst recurrence- Ganglion cysts can recur following surgery. The potential for this is not predictable. Additional surgery may be necessary to remove a recurrent ganglion cyst.

Skin contour irregularities- Contour irregularities and depressions may occur after ganglion surgery. Visible and palpable wrinkling of skin can occur.

Tendon scarring- Surgery to remove ganglion cysts may potentially produce scarring around nearby tendons. Scarring can occur within the tendon itself or in other structures affecting normal tendon function. Additional surgery may or may not be successful in freeing the tendon from scar tissue which prevents motion. When tendon scarring occurs, other structures such as joints may lose normal motion.

Seroma- Fluid accumulations infrequently occur in below the skin. Should this problem occur, it may require additional procedures for fluid drainage.

Risks of Ganglion Cyst Surgery, continued

Surgical anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Non-Improvement- Other disorders of the hand and wrist that may coexist with this condition will not be improved from a surgery to remove a ganglion cyst.

Delayed healing- Depending on the type of surgery performed, there may be a prolonged time until healing is completed.

Damage to associated structures- Structures such as nerves, blood vessels, soft and bony tissues may be damaged during surgery.

Allergic reactions- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Pain- There is the possibility that pain complaints associated with a ganglion cyst may not be improved by surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or from other causes following ganglion cyst surgery.

Unsatisfactory result- There is the possibility of an unsatisfactory result from ganglion removal surgery. This would include risks such as loss of function, wound disruption, and chronic pain. There is the possibility of abnormal tendon position after surgery to remove a ganglion cyst.

ADDITIONAL SURGERY NECESSARY

Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with ganglion cyst repair surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility. Health insurance may not completely cover the costs of surgery and hand rehabilitation. You may require more hand rehabilitation services than your insurance plan covers.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, every patient is unique and informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered when medical care is reasonable and directed at obtaining appropriate results. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. _____ and such assistants as may be selected to perform the following procedure or treatment:

I have received the following information sheet:

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2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____