



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®

# Informed Consent

## Upper Extremity (Arm/Wrist/Hand or Finger) Fracture Repair Consent Form

Procedure: Closed versus open reduction of fracture, possible percutaneous pinning versus open reduction and internal fixation

## **INSTRUCTIONS**

This is an informed consent document to help you learn more about having surgery to repair a fracture in your upper extremity (arm, wrist, hand, and/or finger). You will learn about the treatment and its potential risks. You will also learn about other treatments you might choose.

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read and understood the page. Then, if you agree with your plastic surgeon's plan, please sign the consent form at the end. Signing the consent agreement means that you agree to the treatment that you have talked about with your plastic surgeon. It also means that you understand the procedure and your other options.

## **GENERAL INFORMATION**

Upper extremity fractures happen when you break one or more bones anywhere from the tip of your finger to your shoulder. These fractures are often diagnosed and evaluated using imaging methods like X-rays, CT, or MRI. Your surgeon will use these to understand more about your broken bone(s). Your surgeon will then use this information to create a plan with you for the best way to heal your bones. This may involve surgery.

Fixing a broken bone with surgery involves reducing the fracture. This means bringing the broken bones together the way they should be. There are different ways to do this: 1) closed, without making a skin incision; or 2) open, using incisions and exposing the bone. Once the fracture is reduced, your surgeon may stabilize the bones using splints, pins, wires, or surgical plates/screws.

Upper extremity surgery is done under local, regional, or general anesthesia depending on your exact injury. Your surgeon may use a tourniquet (a device used to apply pressure), which can help reduce bleeding during the surgery. If you have any cuts near the broken bone related to your injury, these might be made larger during the surgery to help your surgeon get a better look at your injury and repair the fracture.

## **OTHER TREATMENTS**

Surgery is not the only option to treat upper body injuries or a fracture. You may choose to not have any surgery at all. Other treatments include splinting the injured body part or keeping an eye on the fracture through more imaging. If you choose one of these options, it is possible that your fracture might not heal right or might not heal fully. This means that you may develop long-term problems with your injured area. Talk about your options with your surgeon.

All treatments have risks.

## **RISKS OF UPPER EXTREMITY FRACTURE SURGERY**

It is important that you understand these risks. You must also understand the possible problems that can result from them. All procedures have limits. You must decide whether the possible benefits of having this surgery are better than the possible risks. Most patients do not have problems, but you should talk about each of these risks with your plastic surgeon. Make sure you understand everything that might happen during and after upper extremity fracture surgery, including the different methods your surgeon might suggest.

## **SPECIFIC RISKS OF UPPER EXTREMITY FRACTURE SURGERY**

### **Bleeding**

Because your surgeon will probably use a tourniquet, you may not have too much bleeding during your surgery. However, it is possible that you might have bleeding during or after surgery. Bleeding during surgery can be treated in the operating room, by blood transfusion. Do not take any aspirin or anti-inflammatory medicines for 10 days before your surgery unless your surgeon tells you otherwise. Taking such drugs may increase the risk of bleeding. If you take herbal supplements, vitamins, and/or blood thinners (scheduled anticoagulation medications), please talk about these with your surgeon before your surgery. Your surgeon can tell you if and when you should stop these medications before your surgery.

If you need a blood transfusion, there is always a small but potential risk to you, including the chance that you might be

exposed to hepatitis and/or HIV (AIDS) viruses.

**Potential Damage to Nearby Nerves, Blood Vessels, or Tendons**

Upper extremity surgery may damage nerves near your fracture. This can lead to problems with movement or feeling in that area. Sometimes this goes away on its own. However, sometimes you may not get full function back, even if the nerves are repaired during surgery.

It is also possible that upper extremity surgery may damage nearby blood vessels or tendons. This can cause problems with movement, feeling, and blood flow. You may need to have more treatment to fix this.

**Infection**

You may have an infection after surgery. This is rare, but it can happen. An infection may involve the skin, soft tissue, the bone itself, and/or the surgical implants used. Sometimes, an infection will mean you need to go to the hospital for more treatment. Further treatment may include antibiotics, cleaning out your wound as an outpatient procedure or in the operating room, or removing any implants.

**Failure of Surgery/Soft Tissue Scarring/Inability to Restore Function**

Not all surgeries are successful. Bones that are repaired with plates or pins may not heal in the correct final position (malunion). In some cases, they may not heal at all, even after being given time (nonunion). Some injuries to your upper body may never completely heal, even with surgery. Not all fractures can be fixed with surgery. The damage to the soft tissue around your bones may be so bad that bone repair surgery may need to wait or may not be possible. If your injury is bad, you may not get function back in this area, or you may only have limited use of the area. You might need more surgery in the future to help fix or improve these problems. You may have scars in your soft tissue or joints, which could limit the motion of your hand or arm permanently. You might need more surgery to fix these problems too.

There is a chance that even after surgery, you may not be able to use your hand or arm well enough to go back to your regular work in the way you're used to.

**Uneven Spots in the Skin, Scarring, Wound Healing Concerns, and Additional Incisions**

You may see uneven spots, dents, and/or scarring on your skin after your upper extremity surgery. Scarring will happen any time a cut is made in your skin. It can also happen if you have stitches. The look of your scar may change over time. Most people heal well after surgery, but you may have unusual scarring or wounds that may take more time to heal. Smokers are at an even greater risk of having these problems. If your scar affects how you move or look, you may choose to have more surgery to fix the issues. Talk to your surgeon and go over your post-operative care documents to learn more.

Sometimes during surgery, your surgeon may need to expose your soft tissues using more or larger cuts in your skin. This is done to help see the injury better and to address your situation as it develops.

**Pain**

It is normal to have some pain after your surgery. How much it hurts and how long the pain lasts after the surgery is different for everyone. In rare cases, some people have ongoing (chronic) pain. This can happen because of nerve problems, like neuroma or a nerve getting stuck in a scar. If this happens, you may need more surgery to fix the issue. Other kinds of chronic pain, like complex regional pain syndrome (CRPS), can develop after upper extremity surgery. This may be permanent. You may need more treatment to fix this in the future.

**Allergic Reaction**

In rare cases, people experience allergies to tape, chemicals, or drugs used during a surgery. It is possible to have a serious reaction including shock (anaphylaxis) as a result of drugs used during surgery. You might also have a reaction to prescription medicines used during your procedure. If you have an allergic reaction, you may need more treatment. Be sure to tell your doctor about any allergic reactions you have had in the past.

**Cardiopulmonary Risk**

Surgery of any type, especially longer procedures, carries risks to your heart and lungs. You might develop blood clots (pulmonary embolism). These can sometimes lead to other problems, such as fat deposits being released during fracture repair (fat emboli) and even partial collapse of the lungs after general anesthesia. These risks can be life threatening. If you are inactive after surgery or take a long trip, you may have a greater risk of blood clots. People with a history of blood clots, smokers, and those who have taken birth control that contains estrogen are at a greater risk of blood clots. If you have any pain in your lower body, swelling, or shortness of breath after your surgery, get medical attention immediately. You may need to be hospitalized and have additional treatments.

**DISCLAIMER**

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents cannot cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

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

## CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. \_\_\_\_\_ and the doctor's assistants to repair an **Upper Extremity Fracture**.
2. I got the information sheet on **Upper Extremity Fracture**.
3. I understand that, during the procedure, an unexpected situation may require a different medical procedure than the procedure listed above. I permit the doctor listed above, the assistants, and/or designees to provide any treatment(s) that my doctor thinks are needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the procedure.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the procedure. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the procedure's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the procedure.
5. I agree to the anesthetics and medications that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after this procedure. I also agree to any additional surgeries or treatments that are needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the procedure for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this procedure. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the procedure is an option and that I can opt out of having the procedure.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
  - a. THE ABOVE PROCEDURE OR TREATMENT TO BE PERFORMED
  - b. THERE MAY BE OTHER PROCEDURES OR TREATMENTS
  - c. THERE ARE RISKS TO THIS PROCEDURE OR TREATMENT

I CONSENT TO THE PROCEDURE AND THE ITEMS THAT ARE LISTED ABOVE (1–13).  
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

\_\_\_\_\_  
Date/Time

Witness \_\_\_\_\_

\_\_\_\_\_  
Date/Time