



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Informed Consent

Microsurgery for Nerves



INSTRUCTIONS

This is an informed consent document to help you learn more about Microsurgery for Nerves. 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 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.

GENERAL INFORMATION

Nerve repair and reconstruction is done under high magnification using surgical microscopes. It is done to repair or reroute nerves to bring back lost functions such as sensation or muscle movements that control your body. Timing is important for nerve transfers to paralyzed muscles, which will not work after 12–18 months. There are three methods that are often used: 1) direct end-to-end nerve repair; 2) nerve grafting, in which a nerve taken from somewhere else on your body, or artificial or donated nerves are used; and 3) rerouting nerves from one muscle to another muscle.

OTHER TREATMENTS

Nerve repair is not the only treatment option. You may choose not to have any surgery at all. Other treatments include rerouting muscles and tendons to reproduce the lost function of paralyzed muscles. This is usually done when there is a long delay before you can have surgery. It is also possible to return some feeling by moving skin, nerves, and blood vessels to nearby areas, such as from the back of the index finger to the tip of the thumb.

All treatments have risks.

RISKS OF MICROSURGERY FOR NERVES

Every surgery has risks. 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 **microsurgery for nerves**.

SPECIFIC RISKS OF MICROSURGERY FOR NERVES

Loss of Sensation

Sometimes a nerve will be taken from one place to help rebuild a nerve somewhere else as a nerve graft. You will lose a little bit of feeling where the nerve was taken from. An example of this loss of feeling would be taking a little bit from the side of your heel. Ask your surgeon specifically where they will harvest nerve graft material.

Weakness

Weakness or loss of function to other muscles may happen if these muscles share a nerve with the paralyzed muscle being treated.

Failure

In most cases, nerves only recover to a maximum of 40–60% of their potential after surgery. This means that you may not have the same motion or function you did in the past. Sometimes recovery does not happen at all. There are many factors involved with this, including the timing of your surgery.

Hematoma

You may bleed after surgery. This is normal, but it may require additional treatment, including drainage or surgery.

Seroma

In some cases, fluids may build up after surgery over the course of several days. This may require more treatment, like drainage or surgery.

Infection

Although rare, infections may develop after surgery.

Scarring

All surgeries result in some scarring. Microsurgery for nerves will produce scars both where the nerve is taken from and where it is moved to. Some scars may remain red or raised. In rare cases, scars will get bigger with time, which is called keloid scarring. Scars may also be sensitive to touch.

Chronic Regional Pain Syndrome (CRPS)

In rare cases, patients develop chronic pain after surgery. There are many causes for this and some are not easily treated. A common cause is neuroma pain, which may require more surgery.

Damage to Nearby Structures

In rare cases, nerves, blood vessels, bones, and other tissues may be damaged during surgery. This depends on the type of surgery and/or how it is done. More surgery may be needed to fix the problem if this happens. Injury to nearby structures may or may not improve with time and treatment.

Risks of Prolonged Anesthesia

Microsurgery for nerves may take many hours. This carries risks related to anesthesia and surgical risk. Longer anesthesia carries greater risk. It may be necessary to spend time on intensive care after surgery.

Blood clots

Clots may develop in your legs. In rare cases, these may travel to your lungs. This can be life threatening.

Chest infection

After being on a ventilator for a long time, you might develop a chest infection like pneumonia. This can also be life threatening.

Urinary tract infections

After catheterization, there is a risk of getting a bladder infection.

Life threatening complications also include heart attack and stroke

Post-operative confusion

After long surgeries, some patients develop post-operative confusion. Not all patients fully recover from this.

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. This information will usually be enough to meet most people's needs.

However, informed consent documents can't 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 do the procedure **microsurgery for nerves**.
2. I got the information sheet on microsurgery for nerves.
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 OR TREATMENT AND THE ABOVE LISTED ITEMS (1-13).
I AM SATISFIED WITH THE EXPLANATION AND HAVE NO ADDITIONAL QUESTIONS.

Patient or Person Authorized to Sign for Patient

Date/Time

Witness

Date/Time