

Adam J. Farber, MD

Surgical consent for elbow arthroscopy including loose body removal, chondroplasty, debridement, & drilling of OCD lesions

All surgical procedures are associated with certain risks such as pain, bleeding, infection, scarring, damage to blood vessels or nerves, anesthetic-related complications, thromboembolic complications, and medical complications (such as heart attack, stroke, or death).

- Pain: In an effort to decrease pain you will be adequately anesthetized during surgery and will receive pain medications post-operatively.
- Bleeding: Given the fact that this is minimally invasive arthroscopic surgery, the risk of bleeding is minimal.
- Infection: The risk of infection is approximately 1-4%. You will receive antibiotics through your IV during surgery. In addition the surgery will be performed under sterile conditions. As a result post-operative antibiotics not routinely administered.
- Thromboembolic complications: Anytime surgery is performed there is a theoretical risk of developing a blood clot in the arms, legs, or the lungs. This risk is approximately 1 in 10,000 cases in routine elbow arthroscopy. As a result, the routine use of blood thinners following surgery is not routinely recommended because the risk of developing complications related to thinned blood and excessive bleeding and swelling outweighs the potential benefit of preventing a blood clot. If, however, you have a personal or family history of a blood clot or a clotting disorder, blood thinning medications are recommended; please be sure to discuss this with your surgeon. The use of compression stockings following surgery will help decrease your risk of developing a blood clot. In addition performing exercises, such as foot pumps, will also decrease the risk of developing a blood clot. Finally routine walking (but not excessive walking) after surgery will also help decrease your risk for developing a blood clot. If, however, you develop arm swelling, calf pain, chest pain, or shortness of breath after your surgery, please notify your surgeon immediately or proceed to the emergency department for further evaluation as these are symptoms are sometimes associated with the development of a blood clot.

Potential complications more unique to elbow arthroscopic surgical procedures include the following:

- Neurovascular injury: There are numerous blood vessels and nerves traversing across the elbow in close proximity to the incisions that are required for elbow arthroscopy. Although caution is taken to avoid injuring these neurovascular structures, neurovascular injury remains one of the most common complications following elbow arthroscopy and may occur in up to 4% of all cases. The most common form of nerve injury is temporary numbness in a localized area. However, neurovascular injury may result in permanent numbness, muscle weakness, or even complete loss of motor function.
- Chondral injury: It is possible that during the procedure, the articular cartilage covering the surface of the bones maybe inadvertently damaged by the surgical instruments.
- Residual or recurrent loose bodies: If you are undergoing surgery to remove a loose body or bodies, it is possible that not all loose bodies are removed at the time of arthroscopy, although every effort will be made to perform a thorough search for any loose bodies. Furthermore, even if all loose bodies are removed at the time of surgery, there is no guarantee that future loose bodies may not develop.
- Stiffness: Stiffness is one of the most common complications following arthroscopic procedures of the elbow. In order to prevent stiffness it is important to perform routine range of motion activities and to follow the post-operative instructions. In addition physical therapy will be prescribed after your first post-operative visit. Attending routine physical therapy sessions and performing a home exercise program on days that you are not in therapy will significantly decrease the risk for developing post-operative stiffness.
- Inability to regain full range of motion: If you are undergoing debridement surgery for a stiff elbow with loss of full extension or flexion, surgery should provide significant improvements with your range of motion but you may not achieve full normal range of motion as compared to the other elbow.
- Failure of surgery and need for further surgery: This complication is most common in patients undergoing drilling for osteochondritis dissecans (or OCD) lesions. Although the surgery is successful in the vast majority of patients, in those with larger lesions or uncontained lesions the drilling may not provide complete symptomatic relief. Further surgery, in the form of osteochondral autografting, may be necessary if residual symptoms are unacceptable.

Please print and sign your name below if you have read the information listed above and would like to proceed with surgery.

Patient Signature:	 Date:
Printed Patient Name:	