

# Adam J. Farber, MD

## Surgical consent for distal biceps tendon repair

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 a tourniquet may be used at the time of surgery, the risk of bleeding is minimal.
- **Infection:** The risk of infection is approximately 1%. You will receive antibiotics through your IV during surgery. In addition the surgery will be performed under sterile conditions. Finally, you will be prescribed antibiotics for the first 24 hours after your surgery.
- **Thromboembolic complications:** Anytime surgery is performed in the upper extremity there is a theoretical risk of developing a blood clot in the arm, legs, or the lungs. This risk is approximately 1 in 1,000 cases. 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. If you develop significant upper extremity 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 sometime associated with the development of a blood clot.
- **Medical complications or anesthetic complications:** Anytime surgery is performed there is a risk of medical complications (such as heart attack or stroke) or complications related to the anesthesia. Although these risks are minimal they are not zero. If you are healthy these risks are extremely unlikely. If you have a history of advanced age or medical problems, you likely will have been referred to your primary care doctor to assess your risk for general anesthesia. Please ask questions to the anesthesiologist on the day of surgery regarding potential anesthetic complications.

Potential complications more unique to distal biceps tendon repairs include the following:

- **Neurovascular injury:** At the time of surgery blood vessels and nerves are dissected to expose the tendon rupture site for repair. During this dissection numerous blood vessels and nerves are encountered. It is possible to injure one of the nerves resulting in numbness or weakness involving the forearm and/or hand. When this occurs in the setting of distal biceps tendon repair it is usually result of a stretch injury to the nerve and not a severing of the nerve. As a result any numbness or weakness that occurs almost always resolves over time but theoretically injury to the nerve may be permanent. The **most common complication** following this surgery is a temporary numbness on the forearm adjacent to the thumb, but this nearly always resolves completely with time.
- **Rerupture:** Rupturing the repair may occur if activities that stress the repair are initiated before the repair is fully healed. Although this complication is uncommon it may occur when patients do not follow the post-operative instructions appropriately.
- **Fracture:** In order to reattach the biceps tendon to the radius bone of the forearm a tunnel is drilled in the bone. It is possible that this tunnel creates an area of weakness in the bone which may lead to fracture post-operatively. This scenario is uncommon but may occur especially if the patient falls early in the post-operative recovery process or attempts to do heavy lifting activities prematurely.
- **Synostosis:** There are 2 bones in the forearm (the radius and ulna). During surgery the biceps is reattached to one of these bones (the radius). During surgery bone debris may be generated that stimulates the two bones to fuse together; this is called synostosis. This complication is extremely uncommon but has been reported in the literature.
- **Hardware failure:** Although the plates and sutures used to fix the biceps at time of surgery are sturdy, if the tendon does not heal or if you attempt to use the biceps prematurely the sutures can break or the plate may dislodge. This can result in failure of the repair.
- **Stiffness:** Stiffness is a potential complication as a result of the surgery and the post-operative immobilization process. Typically this is temporary and gradually resolves with time but depending upon the tension on the repair at the time of surgery some residual stiffness may exist. Patients who present with chronic injuries more than 3 weeks old have a greater risk for developing stiffness after surgery.

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: \_\_\_\_\_