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Surgical consent for shoulder arthroscopy including rotator cuff repair, subacromial decompression, and/or distal clavicle resection

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%. 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. The risk of infection is slightly higher in patients with diabetes.
- Thromboembolic complications: Anytime surgery is performed, there is a theoretical risk of developing a blood clot in the legs or the lungs. This risk is approximately 1 in 10,000 cases in routine shoulder 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 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.

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

- Failure of rotator cuff repair to heal or re-tear of rotator cuff: Failure to heal or re-tear is one of the most common complications of arthroscopic rotator cuff repair surgery. The reason that the rotator cuff is prone to tearing is because there is poor blood supply in this area. This lack of blood supply is the same reason that healing is not reliable and recurrent tearing is common. Risk factors for failure to heal and re-tear include advanced age (> 60 years) and diabetes mellitus. In the literature, the risk of recurrent tearing is up to 70% in some studies. In order to decrease the risk for failure to heal or recurrent tearing it is important to wear the sling as instructed by your surgeon and follow the activity restrictions provided to you by your surgeon.
- Stiffness: Stiffness is one of the most common complications following arthroscopic procedures of the shoulder. In order to prevent stiffness it is important to follow the post-operative instructions and work on Codman's range of motion exercises. 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. Although it is important to perform range of motion exercises, please do not violate the restrictions given to you by your surgeon so that you do not risk disrupting the surgical repair.
- Recurrent bursitis: Even if a thorough removal of the bursa is performed during your arthroscopic procedure, it is possible that recurrent bursitis may occur in the future.
- Fracture: If an acromioplasty (removal of a bone spur pinching on the rotator cuff) or a distal clavicle resection is performed, it is possible that excessive bone will be removed inadvertently during surgery and this may predispose you to fracture in the future.
- Instability of the acromioclavicular joint: If a distal clavicle resection is performed during your surgery, it is possible that excessive resection of the distal clavicle may inadvertently injure the ligaments that stabilize the clavicle and thus inadvertently lead to instability of the acromioclavicular joint.
- Persistent acromioclavicular joint arthrosis: If a distal clavicle excision is performed and an inadequate amount of bone is removed at the time of surgery, it is possible that you will have persistent symptoms related to a.c. joint arthrosis.
- Failure to alleviate pain: It is theoretically possible that the surgery, although technically performed successfully, may not completely alleviate all of your symptoms.

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: _____