



Adam J. Farber, MD

Surgical consent for shoulder arthroscopic SLAP 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 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.
- **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 labral repair procedures include the following:

- **Stiffness:** Stiffness is one of the most common complications following arthroscopic procedures of the shoulder. Some loss of range of motion is often seen following arthroscopic labral repair surgery as a result of placing increased tension on the ligaments that stabilize the shoulder. Most surgeons feel that slight loss of range of motion is preferable to recurrent instability which occurs if these ligaments are not tensioned sufficiently. External rotation is the motion most likely to be affected by arthroscopic labral repair surgery. In order to prevent additional stiffness, however, 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.
- **Hardware-related complications:** In order to secure the labrum and the ligaments during the surgical procedure, screws will often be inserted into the bone of the shoulder. Although unlikely, it is possible that the screws or suture knots will irritate the overlying rotator cuff or become loose and cause complications.
- **Failure to alleviate pain/Persistent Pain:** It is theoretically possible that the surgery, although technically performed successfully, may not completely alleviate all of your symptoms.
- **Need for further surgery:** If symptoms, such as pain, persist, additional surgery (such as a biceps tenodesis) may be offered to you in an effort to reduce persistent shoulder pain.

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: _____