



Adam J. Farber, MD

Surgical consent for triceps 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 triceps tendon repairs include the following:

- **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.
- **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.
- **Weakness:** Although most patients get nearly all of their triceps strength back by 12 months after surgery, some patients may experience slight weakness of the triceps. Patients who present with chronic injuries more than 3 weeks old have a greater risk for developing weakness after surgery.
- **Wound healing complications:** Because the triceps tendon is very superficial, there is not much soft tissue over the repair site. Wound healing complications, such as skin sloughing, wound dehiscence (ie the incision opens up), or infection, may occur after triceps tendon repair. These complications are more common in patients who smoke or have diabetes. Elevation and following the splint care instructions appropriately limit the risk of these complications.
- **Fracture:** In order to reattach the triceps tendon to the ulna bone of the forearm, holes are drilled into the bone. It is possible that these holes create 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 or pressing activities prematurely.
- **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.
- **Hardware failure:** Although the plastic screws used to fix the triceps at time of surgery are sturdy, if the tendon does not heal or if you attempt to use the triceps prematurely the sutures can break or the screws may dislodge. This can result in failure of the repair.

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: _____