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Hand & Upper Extremity Surgery

UPPER EXTREMITY SURGERY CONSENT

Possible Complications:

We have listed possible complications/problems, which have been reported with upper extremity surgery. IN GENERAL, UPPER EXTREMITY SURGERY IS EXTREMELY SAFE, HIGHLY SUCCESSFUL, AND HAS MINIMAL COMPLICATIONS ASSOCIATED WITH THE PROCEDURE. Certain risks may be increased or decreased depending upon the type of surgery and the extent of the injury that you have.

1. **Postoperative bleeding and hematoma** within the upper extremity joints and around incisions. Patients that are on blood thinners are at higher risk. Post-op bleeding normally resolves shortly after surgery and hematomas normally will resorb over time as well. Rarely a second surgery will be needed to stop bleeding or to remove a hematoma.
2. **Postoperative infection.** Superficial (skin) or deep (within the joint) may occur. The incidence is reported at <1%, (1/250). A skin infection generally is treated with oral antibiotics. If you develop a deep infection, you would require re-admission to the hospital, re-arthroscopy or an open procedure to wash out the infection, and a variable period of intravenous antibiotics. Diabetics and smokers are at higher risk for wound and healing complications.
3. **Phlebitis (blood clots).** Deep vein thrombosis or blood clots are unusual in upper extremity surgery, but can occur. A blood clot may require re-admission to the hospital and treatment with blood thinners.
4. **Pulmonary Embolus.** When a blood clot becomes dislodged it may travel to the lungs resulting in acute shortness of breath, rapid heartbeat, and in rare situations result in sudden death.
5. **Broken instruments or hardware.** The instruments that are used to perform your surgery may potentially break within your joint. This is a rare complication. If this occurred, the piece almost always could be uneventfully removed. Occasionally broken pieces may be stuck safely in bone and are not removed.
6. **Nerve injury.** We take great care intra-operatively to identify, visualize, and protect the nerves surrounding your operative region. Rarely with traction or retraction of the nerves, the nerve can become stretched or irritated. This may lead to nerve palsies or the sensation of numbness or burning. These complications are rare and almost always resolve over time.

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7. **Vessel injury.** Rarely the major arteries/veins in the upper extremity are injured. If this occurs it is generally quickly detected and repaired.
8. **Complex Regional Pain Syndrome.** This rare entity is characterized by pain out of proportion, atypical swelling and nerve function disturbance. If this occurred postoperatively it may require referral to therapy, perhaps a pain clinic, prolonged rehabilitation, and possibly regional pain blocks.
9. **Compartment Syndrome.** This rare complication occurs when fluid expands into the muscle compartments. Massive swelling could result in compromise of the neurovascular structures with a potential complication resulting. If this were suspected or detected, emergency surgical decompression of the muscular compartments is required.
10. **Equipment failure.** Orthopaedic surgery is “high tech” and extremely demanding. Motorized equipment (cauterizers, cameras, light sources, video recorders, etc) could possibly malfunction resulting in the inability to complete your surgery. In our operating room, we have backup systems should this occur.
11. **Joint Instability or Dislocation.** The joints within the upper extremity are inherently stable, but some factors pre-operatively may create less stability such as ligament or chondral injuries and fractures. Careful preoperative planning and precise surgery should keep the risk of dislocation of these joints extremely low.
12. **Cartilage injuries** can occur by placing and removing tools or implants into the joint. Great care is taken to avoid this but in the event it happens restoration of the cartilage is possible but arthritis can occur due to these injuries.