

Carpal Tunnel Release

Facility:

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F

A. INTERPRETER / CULTURAL NEEDS

- An Interpreter Service is required? Yes No
If Yes, is a qualified Interpreter present? Yes No
A Cultural Support Person is required? Yes No
If Yes, is a Cultural Support Person present? Yes No

B. CONDITION AND TREATMENT

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....
.....

This condition requires the following procedure/treatment/investigation. *(Doctor to document - include site and/or side where relevant to the procedure)*

.....
.....

The following will be performed:

A Carpal Tunnel release is a procedure to free the median nerve which runs through the carpal tunnel in the wrist. It involves making a small cut down the front of the wrist and palm of the hand and dividing the band of tissue which is pressing on the median nerve. Once the nerve is completely free, the skin is closed with stitches.

C. RISKS OF A CARPAL TUNNEL RELEASE

There are some risks/complications with this procedure/treatment/investigation.

Common risks include;

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Uncommon risks include;

- Infection. This will need antibiotics.
- Bleeding. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Numbness and tingling in the fingers and thumb may persist.
- The operation occasionally does not work and needs to be done again.
- Damage to the tendons, which may require surgical repair of the tendons.
- Damage to the median nerve. This may require re-operation and nerve repair.

- Pain at the wrist when making a fist or leaning on the wrist.
- The surgical cut may cause changes to the sensation and colour of the limb.
- In some people, healing of the wound can become thickened and red and the scar may be painful.

Rare risks include;

- Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.
- Death as a result of this procedure is very rare.

D. SIGNIFICANT RISKS AND PROCEDURE OPTIONS

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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.....

E. RISKS OF NOT HAVING THIS PROCEDURE CARPAL TUNNEL RELEASE

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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.....

F. ANAESTHETIC

This treatment/procedure/investigation may require an anaesthetic. *(Doctor to document type of anaesthetic required)*

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.....

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G. PATIENT CONSENT

- I acknowledge that the doctor has explained;
- my medical condition and the proposed procedure/treatment/investigations, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
 - the anaesthetic required for this procedure/treatment. I understand the risks, including the risks that are specific to me.
 - other relevant procedure/treatment options and their associated risks.
 - my prognosis and the risks of not having the procedure/treatment.
 - that no guarantee has been made that the procedure/treatment will improve my condition even though it has been carried out with due professional care.
 - the procedure may include a blood transfusion.
 - tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
 - if immediate life-threatening events happen during the procedure, they will be treated accordingly.
 - a doctor other than the Specialist Neurosurgeon may conduct the procedure. I understand this could be a doctor undergoing further training.

- I have been given the following Patient Information Sheets;
- ◆ Local Anaesthetic for your procedure
 - ◆ Carpal Tunnel Release

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure/treatment/ investigations and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time before the procedure/ treatment/investigation, including after I have signed this form but, preferably following a discussion with my doctor.

On the basis of the above statements,

I REQUEST TO HAVE THE PROCEDURE

Name of Patient/
Substitute decision
maker and relationship:

Signature:

Date:

Substitute Decision-Maker: Under the *Powers of Attorney Act 1998 and/or the Guardianship and Administration Act 2000*. If the patient is an adult and unable to give consent, an authorised decision-maker must give consent on the patient's behalf.

H. DOCTOR'S STATEMENT

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of
Doctor:

Designation:

Signature:

Date:

Name of
Anaesthetist:

Designation:

Signature:

Date:

I. INTERPRETER'S STATEMENT

I have given a sight translation in

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of
Interpreter:

Signature:

Date: