

Consent for Shoulder Replacement Surgery

This form was created by Danton S. Dungy, MD for patient informed consent.
It is provided as a courtesy and should not be misunderstood as legal advice.

I, _____, have requested that Danton S. Dungy, MD perform _____ shoulder replacement surgery for the ***benefit of pain reduction***. This is one of the most successful surgeries available according to patient satisfaction and outcome. The ***alternatives include*** behavior modification such as weight loss and activity restriction, medications, injections, and physical therapy.

The risk of surgery can be very serious and possibly fatal. Any surgery can cause stress that puts me at risk for heart attack and stroke. Each patient is unique and the potential outcomes are as different as each patient. My new shoulder will never be as good as my original shoulder was when I was younger, without pain.

Although ***complications are*** uncommon, Dr. Dungy and his team will practice preventive measures in an attempt to do no harm. I understand that every possible complication related to surgery cannot be covered in a few minutes on a few sheets of paper; thus, this document contains many of the most common issues of concern to patients, but is in no way inclusive of all possible complications. The following paragraphs will also outline the preventive measures undertaken to protect me.

The most serious complication is ***death***. Beyond the very rare anesthesia complication, the direct surgical risk of death is related to a venous thromboembolic event (VTE), also called a deep vein thrombosis (DVT) or ***blood clot***. Undergoing major orthopedic surgery, such as a joint replacement, I am at increased risk for a DVT, which is a clogging of the leg veins that bring blood back to my heart and lungs. Blood clots can cause either temporary or chronic limb swelling. Worst of all, the DVT could break loose in the vein and travel to my lungs causing a pulmonary embolism, and possibly death. These complications may require an additional procedure by another specialist to remove the clot and/or the prolonged usage of blood thinners. Events like blood clots in the arm are very rare when compared to the lower extremity surgery.

Another serious complication is the possibility of ***infection***. Infection in an artificial joint replacement is the most serious complication you can live through. Infection would require additional surgery for removal of the implants because bacteria on artificial implants cannot be treated with antibiotics alone. Once the implants were removed, I would be given prolonged IV antibiotics. Very rarely an untreatable infection could result in ***amputation***. To decrease the risk of infection the surgery will be performed in a surgical suite with special airflow and filters, IV antibiotics will be given during surgery and continued intermittently for 24 hours and the team will wear special surgical attire.

Other risks include ***nerve injury*** and/or ***blood vessel damage***. The major blood vessels in my shoulder are in the armpit region, and the surgery will be done through an incision on the front of my shoulder away from these structures. If I have had prior surgery, Dr. Dungy may choose to use or incorporate my prior scar(s) into the new wound. Equally, with prior scars, I'm at a slight risk for ***skin/wound problems*** that could require an additional surgery. The prevention

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of blood vessel and nerve damage is best addressed through surgical training, experience and preoperative planning. Even if no blood vessels are seriously damaged there is a small chance for significant ***blood loss*** from bleeding bone which may necessitate ***blood transfusions***. I can request that Dr. Dungy arrange for me to pre-donate my own blood.

There could be ***broken bones*** during surgery. Most often, one of the two shoulder implants is “wedged” into place while the other is secured with bone cement. In about 5% of patients who have very thin and weak bone, both components are cemented for fixation. If the “wedged” implant is too small it will loosen prematurely. Equally, if it is too big, it has the potential to break my bones. If this were to occur I understand that Dr. Dungy would fix them accordingly. This may mean the use of metal plates, screws or wires. Often these implants are permanent.

The ***implants could wear out or even break*** over time. Equally, the ***implants could loosen***. Although the implant designs have improved over the decades, the shoulder is not designed to be a weight bearing joint, thus the implants can break or loosen. If I perform heavy lifting, expose my new shoulder to vibrations (jack-hammering, etc.) or continuously place my shoulder in extreme positions for prolonged time (overhead, behind my back, etc.), I may prematurely loosen the implants from my bone. There is always a chance for ***additional surgery***. Thus, I realize that I have some restrictions regarding activity.

Swelling is very common during the healing process. Ice and cold packs are the most helpful during recovery to decrease this swelling. Once surgery is completed, the rehabilitation is often challenging, but it is ultimately up to me to be motivated and do well. Physical therapy may be needed in the outpatient setting.

Noises and other ***unknown bearing surface (ball and socket) issues*** are uncommon with artificial shoulder pieces rubbing together. Shoulder replacements are made of very high-tech materials, these include alloy metals, titanium, and polyethylene (medical-grade plastics) to name a few. There are advantages and disadvantages to each of these products. Briefly, the classic shoulder replacement is a metal ball with a medical-grade plastic socket liner acting as a smooth cushioning surface. However, the ***plastic can potentially wear out***, just like the tires on a car. If a reverse shoulder replacement has been recommended then I not only have a severely arthritic shoulder (no cartilage), but I also suffer from a long-term loss of a functioning rotator cuff (small muscle that aid in shoulder motion). Because of this issue, Dr. Dungy plans to change my socket into a ball and my ball into a socket, thus the term “reverse” shoulder replacement. Currently, the 8-10 year follow-up for this procedure is outstanding regarding patient satisfaction outcomes measures. Although is has not been report in shoulder replacement yet, there has been an increase in hip replacement research regarding an ***increase in blood levels of metal ions*** (seen where the modular or interconnected implant pieces fit together). In short, the orthopedic knowledge-base is constantly growing as more implants are being used and the future is unclear regarding long-term follow-up with these newer implants.

My pre-arthritis shoulder was limber and allowed for a considerable amount of motion. However, to do surgery on my shoulder, some of the stabilizing soft tissues (muscles, tendons, and ligaments) must be “opened” or manipulated so the new shoulder can be inserted. Newer technology and implants have made the current artificial shoulders more stable now than ever,

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but there is still a risk of ***dislocation or instability***. This occurs when the ball “slips” out of the socket. It is painful and temporarily I would not be able to use my arm. It would require a trip to the Emergency Room for medication, an x-ray and a procedure to put the shoulder back into place. To avoid this potential complication, I understand that certain motions may be restricted post-operatively and they may apply for the rest of my life.

Because the surgery removes the arthritic ball and socket, Dr. Dungy will have to recreate my normal shoulder mechanics as best as possible. The reverse shoulder replacement tends to improve my motions and function as well as decrease my pain. However, if I do not participate in rehabilitation, shoulder stiffness and a loss of motion can occur with a shoulder replacement.

Occasionally, a pre-operative scan (MRI or CT) may be requested by Dr. Dungy so that he may perform a virtual surgery if too much of my normal shoulder has eroded . This may be used to help assure that the implants are placed into an optimal position.

Lastly, there is a possibility of other non-surgical medical issues that can arise during recovery. ***Constipation*** can occur with the use of pain medication and I understand that a stool softener will be provided during the hospitalization and I should continue it at home as long as I need pain medication. A few patients can have ***confusion***, usually temporarily, because of these potent medications. Most patients have discontinued pain medication one to four weeks post-operatively. Equally, if I’m using pain medication prior to surgery, I understand that it will be more challenging to control my pain after surgery.

All of these complications increase dramatically with other preexisting medical problems. For Dr. Dungy and his team to provide me with the best care possible, I have disclosed my health condition(s) that may affect my outcome. ***I have*** had or currently have:

(PLEASE CIRCLE ALL THAT APPLY)

- Cardiac/Heart** (pacemaker, stent, heart attack, angioplasty, defibrillator , etc.)
- Diabetes**
- Blood Thinner Medication** (plavix, coumadin, etc.)
- Infection** (prior in the knee, dental, or other)³
- Immunocompromised health** (rheumatoid, chemotherapy, renal failure)
- Narcotic Medication Usage** (prior or current)
- Obesity/Weight Issues**

OR

- NONE OF THE ABOVE**

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I have read this document and initialed each page accordingly after a thorough review. I have had all of my questions answered regarding shoulder replacement surgery. Equally, I have been given an opportunity to discuss with Dr. Dungy any medical terms that I do not understand. I am requesting that we proceed with surgical intervention.

Patient Signature

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