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## JONAS R. RUDZKI, MD

ORTHOPAEDIC SURGERY  
SHOULDER SURGERY & SPORTS MEDICINE

### Informed Arthroscopic & Open Lower Extremity Surgical Consent & Review of Possible Complications

Your procedure may be performed through an open or arthroscopic method or some combination of the two approaches. The following is a brief review of the potential risks of these types of surgical procedures. While important to review and be aware of these risks, their occurrence is quite low.

**ARTHROSCOPY OF THE HIP, KNEE, SHOULDER, & ELBOW ARE SAFE PROCEDURES WITH HIGH SUCCESS RATES AND MINIMAL ASSOCIATED COMPLICATION RISKS.** However, certain risks may be increased or decreased depending upon the specific type and nature of the arthroscopic surgery and extent of the injury to which the procedure relates. It is essential for patients to understand the nature of their injury or disease process and have realistic expectations regarding their surgery and expected outcomes. Risks of arthroscopic surgery include but are not limited to:

**Postoperative bleeding** within the joint. This may require aspiration (removal) in the office postoperatively or rarely additional surgery.

**Persistent swelling** (fluid in or around the operative site). This may occur but typically resolves uneventfully on its own or with medication (such as an anti-inflammatory).

**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 developed a deep infection, you would require readmission to the hospital, re-arthroscopy or an open procedure to wash out the infection, and a variable period of intravenous antibiotics.

**Phlebitis** (blood clots). Deep vein thrombosis or blood clots are *extremely unusual* in arthroscopic upper extremity surgery but can occur, as in any other surgery. A blood clot may require treatment with a blood thinner (Heparin /Coumadin) for several days followed by a 3-month period of oral anticoagulants (Coumadin).

**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 death.

**Broken instruments.** The instruments that are used to perform your surgery may potentially break within your joint. This is an *exceedingly rare* complication. If this occurred, the piece almost always could be uneventfully removed arthroscopically. However, if this was not possible, an open surgical incision may be required to remove the broken instrument.

**Nerve injury.** Partial or complete injury to the major nerves to the limb have *rarely* been reported in the literature. Complete recovery, partial and complete permanent injuries have resulted from these rare, but serious, complications. This rare complication (less than 0.05%) has occurred in patients undergoing upper extremity surgery and every possible precaution is taken to minimize the risk of a nerve injury related to your surgery.

**Vessel injury.** In extremely rare circumstances, an artery or vein in the upper extremity is injured at the time of surgery. If this occurs it is generally quickly detected and treated without a problem. In a major injury to these vessels, which course through the extremity, immediate vascular repair by a vascular surgeon is required with a subsequent hospitalization.

**Reflex sympathetic dystrophy.** This very rare entity is characterized by pain out of proportion due to a dysfunction of the nerves in the extremity providing appropriate information to the spinal cord and brain. If this occurred postoperatively it would require referral to a pain clinic, prolonged rehabilitation, and epidural spinal pain blocks.

**Compartment syndrome.** This rare complication occurs when excessive fluid leaks 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.

**Equipment failure.** Arthroscopic surgery is “high tech” and extremely demanding. The surgery is performed while observing the magnified images of the knee joint structures on a television screen. Motorized equipment (cameras, light sources, videorecorders, etc.) could possibly malfunction resulting in the inability to complete your surgery. In our operating room we have back up systems should this occur.

#### Common Occurrences

1. Some patients will note **bruising** around the knee. Occasionally this will be noted on the back of the leg, lower leg, or even into thigh. This is not a complication.
2. Anterior knee pain. Rarely, some patients may develop new symptoms or exaggerated current symptoms during the course of their rehabilitation.
3. **Persistence of arthritic symptoms.** In patients who have arthritis the results of arthroscopic surgery are more variable. Some patients significantly benefit from surgery, others do not. In the patient who has arthritis or significant cartilage wear, it can be difficult to predict preoperatively to what extent the patient will benefit.
4. **Portal discomfort.** The small arthroscopic skin incisions as they heal may feel nodular. This generally resolves over time.
5. **Swelling.** It is common and in fact expected to have swelling about your knee after surgery. Icing your knee is extremely helpful.

#### ***DISCLOSURE***

Dr. Rudzki serves as a consultant for Arthrex, a leading implant manufacturer for sports medicine and orthopaedic surgical procedures. Dr. Rudzki receives no royalty payments or incentives for the use any equipment, implants, or devices. As a consultant, he engages directly in surgeon education regarding latest techniques and procedures to provide the highest level of care for his patients. Further information on Arthrex may be found at [www.arthrex.com](http://www.arthrex.com).

***If you have any questions, please contact our office.***