



# Informed Consent

## Reflex Sympathetic Dystrophy

## CONSENT for SURGERY/PROCEDURE or TREATMENT

1. Reflex sympathetic dystrophy (RSD) is an incompletely understood phenomenon in which there is a problem with the function of the autonomic nervous system involving either the arms or the legs. The autonomic nervous system is the portion of the nervous system that regulates involuntary processes in the body. Examples of this include the regulation of blood pressure, heart rate, and sweat production. The portion of the nervous system that is under voluntary control includes the nerves that signal muscles to contract and move portions of the body.
2. Patients with RSD usually experience pain out of proportion to what is usual for the type of injury or surgical procedure undertaken. The pain is often of a burning nature. Often, there is causalgia, which is heightened sensitivity of the skin of the affected part of the body. When patients suffer from causalgia, there is often significant discomfort from lightly touching, stroking, or even air blowing onto the skin. Swelling and discoloration of the skin may also occur. The pain in RSD is very different from the aching pain of arthritis or the cramping pain of carpal tunnel syndrome.
3. The exact cause of RSD is unknown. It can occur as a consequence of not only major trauma to a limb, but even after seemingly minor trauma such as a paper cut. Surgery, by its very nature, is a form of “controlled trauma.” Therefore, any patient who undergoes any surgical procedure on an extremity is at risk for the development of RSD. This is true even when the surgery is carried out without incident or complication. RSD may also follow injury to a nerve at the time of injury or surgery.
4. The treatment of RSD involves a series of nerve blocks and hand therapy. The prognosis varies. Some patients make full, or nearly full, recovery to function; some do not.
5. In patients with no prior history of RSD, the risk of development of RSD is very rare. All surgeries, no matter how minor, have risks associated with it. It is important to weigh the potential risks of the procedure against the benefits in order to make an informed decision.
6. Having read and understanding the above, my checks below indicate my past experience and medical history that I will discuss with Dr. James Anthony.
  - I have NO previous history of RSD, causalgia, or burning pain in my extremities.
  - I have had a history of RSD, causalgia, or burning pain.
7. I certify that I have read and fully understand this document and agree that I have had sufficient opportunity to ask Dr. James Anthony questions concerning purpose, risks, complications, and alternatives to this surgical procedure, as well as any question that I may have about RSD.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-7).  
I AM SATISFIED WITH THE EXPLANATION.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date/Time \_\_\_\_\_ Witness \_\_\_\_\_