



SURAL NERVE BIOPSY CONSENT FORM

Patient:

You have been scheduled for a sural nerve biopsy. Your surgery is scheduled for _____.

The surgery is performed using a local anesthetic. The surgery involves making an incision in the back of your leg and dissecting down to the sural nerve. Once an appropriate length of the nerve is isolated, that section will be removed and sent for pathologic evaluation. After the nerve is removed the incision will be closed with sutures.

As with any surgery, there are risks that may occur during the surgery and in the postoperative period, including but not limited to:

1. Infection: There is a risk for infection. Antibiotics will be given to you right before the surgery in order to minimize the risks for infection.
2. Lack of diagnosis: The pathologic evaluation may not be able to pinpoint the exact cause of your problem.
3. This surgery is for diagnostic purposes only and will not treat your problem. Therefore you will have persistent symptoms or progression of your symptoms in the future.
4. Loss of sensation in the distribution of the sural nerve including the sole of your foot and your heel, which may be permanent.
5. Persistent pain due to scar tissue on the nerve or from the formation of a neuroma.
6. Risks of anesthesia: Adverse reaction to anesthesia given or any medication given during the surgery.
7. Heart attack, stroke, coma and death.

I acknowledge that I have read the above consent form and all options and alternative treatments were discussed to me by Drs.Hartwell/Sarris. In addition, all of the above risks were discussed with me in detail, in laymen's terms, by Drs. Hartwell/Sarris and I understand all the above risks and possible complications and wish to proceed with surgery.

1. No aspirin, Plavix, Coumadin or anti-inflammatory medication for one week prior to surgery.
2. Nothing to eat or drink after 12:01 a.m. on _____.
3. Take the following medicines on the day of surgery with a small sip of water.

Patient: _____

Date: _____