

SURGICAL CONSENT FORM

For

RADICAL RESECTION SOFT TISSUE TUMOR

Your surgeon has recommended that you undergo a surgery known as Radical en bloc Resection of Soft Tissue Tumor for treatment of a possible or probable soft tissue sarcoma. The goal of this surgery is to obtain a specimen for biopsy purposes and to remove the tumor from within your body. This procedure is performed under a general anesthetic and requires dissection of the soft tissues (muscles, blood vessels, and nerves) from around the mass in order to gain access to the area of concern. Meticulous dissection is performed with the intent to remove the entire tumor in one piece (en bloc) and with a margin of normal tissue surrounding the mass. The cuff of normal tissue is most commonly muscle and fascia. Your surgeon will also make every attempt to leave as much normal tissue intact in order that you retain as much function as possible. The removal of the tumor however will not be performed in such a way that you retain function at the expense of curing you of your disease. Obviously our goal is to ensure that no cancer cells are left behind.

At the time of surgery, your surgeon will have the pathologist review the margins of tissue in order to ensure that the margins are clear of tumor cells on a microscopic level. Ultimately, the entire specimen is sent to the pathologist who is on site and typically in the Operating Room, studying the specimen even during the surgery.

Every attempt will be made to preserve major nerves and blood vessels around the tumor, however if sacrificing of these structures is necessary to preserve life, then this will be performed. If this is required, you may lose some function of the limb, which could be permanent or temporary. If a major disability is expected, reconstructive surgery will commonly be performed at the time of the original surgery. For example, if a large area of muscle is expected to be removed, your surgeon will perform a muscle flap or move another muscle in order to take the place of the removed muscle. Skin grafts, vascular grafts and tendon transfers may all be performed in order to regain function if necessary.

As with any operation, there are risks involved. The risks of this operation include; infection, bleeding, neurovascular compromise or risks to the blood vessels and nerves, fracture, local recurrence of disease, stiffness of the accompanying joint, deep venous thromboses or blood clots, and anesthetic risks, up to and including death. While these risks are actually quite small, they can occur and therefore we take every precaution to prevent them from happening. Additionally, if a complication occurs, it can usually be dealt with effectively. For example, if an infection were to occur following the surgery, antibiotics

and/or surgical debridement and cleansing of the infected wound would be performed. The risk of bleeding is quite small and your surgeon will always be prepared for that problem should it arise.

Blood clots can occur after any lower extremity surgery and the risk is increased with immobility. Therefore, your surgeon will advise you to be as mobile as possible in order to prevent blood clots. Frequently blood thinners are used during and after your hospitalization for patients with high risk of developing blood clots.

Following your surgery, your surgeon will want to check the status of the wound typically within a week of the surgery. At this follow-up visit he will discuss the surgical findings and give you further instructions regarding activity level, exercises, physical therapy, etc. You should expect to have some numbness around the surgical site. This will resolve over a period of time. Likewise you will have swelling following your surgery. Ice and elevation of the operated limb will alleviate the swelling significantly. Most patients regain their function, including the ability to play sports, run, and participate in activities of their choosing within 3 – 4 months. Obviously each surgery is unique and your surgeon will discuss expectations with you.