Patient information and consent for thoracic outlet syndrome and cervical or first rib removal

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Simple painkillers such as paracetamol and ibuprofen may be required after surgery. Simple bowel medication such as senna and lactulose may be required after surgery. It is suggested that you discuss with your pharmacist and have a seven day supply of these medications at home to take as you need according to the instructions.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- Please call the vascular specialist nurses on telephone number 01223 596382 if you have any questions or concerns about this procedure or your appointment.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form.
We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

**About thoracic outlet syndrome and cervical or first rib removal**

About 1 in 100 people have an extra rib in the neck called a cervical rib. This extra rib is just above the collar bone and is present from birth but not normally known about until later life. The extra rib often causes no symptoms at all but can cause symptoms of thoracic outlet syndrome if it presses onto the nerves or blood vessels.

Thoracic outlet syndrome is a condition in which the nerves and blood vessels (arteries and veins) in the neck, just behind the collar bone, become compressed (squashed). There is a narrow space for the nerves and blood vessels to pass in between the collar bone and the first rib. If this space is too tight the nerves and blood vessels are compressed and this can cause pain, numbness, swelling and altered sensation in the arm. Often this is worse when the arm is elevated or when carrying heavy objects.

A cervical or first rib resection is carried out to reduce pain and to improve sensation and blood flow in the arteries in the arm. Sometimes separating the muscles from their attachments to the ribs and any fibrous bands around the nerves and vessels is sufficient to relieve symptoms. All the above procedures aim to create more space for the nerves and vessels as they pass under the collar bone.

**Intended benefits**

To help relieve compression of the nerves and blood vessels.

**Who will perform my procedure?**

This procedure will be performed by a consultant vascular surgeon and a vascular surgical registrar.

**Before your procedure**

Most patients attend a pre-admission clinic, where you will meet the pre-assessment nurse. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.
This procedure involves the use of anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet. You will see an anaesthetist before your procedure.

Most people who have this type of procedure will need to stay in hospital for 2-3 days. Your doctor will discuss the length of stay with you.

**Hair removal before an operation**

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

**Blood transfusion**

During surgery, you may lose blood. If you lose a considerable amount of blood your doctor may want to replace the loss with a blood transfusion as significant blood loss can cause you harm. The blood transfusion can involve giving you other blood components such as plasma and platelets which are necessary for blood clotting. Your doctor will only give you a transfusion of blood or blood components during surgery, or recommend for you to have a transfusion after surgery, if you need it.

Compared to other everyday risks the likelihood of getting a serious side effect from a transfusion of blood or blood component is very low. Your doctor can explain to you the benefits and risks from a blood transfusion. Your doctor can also give you information about whether there are suitable alternatives to blood transfusion for your treatment. There is a patient information leaflet for blood transfusion available for you to read.

**During the procedure**

Once you are asleep, a small hole is made in the armpit or one just above the collar bone. Occasionally, another cut is made below the collar bone. The arm can be moved around a lot during this operation so it may feel sore for a few days afterwards. The first rib or cervical rib is removed taking care to try and preserve the nerves and vessels. Wounds are closed using dissolvable stitches. Sometimes a drain will come out of the skin near the wound, which helps to prevent any fluid collecting, and this is usually removed the next day.

**After the procedure**

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious.
They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

After certain major operations you may be transferred to the intensive care unit (ICU/ITU), high dependency unit (HDU), intermediate dependency area (IDA) or fast track/overnight intensive recovery (OIR). These are areas where you will be monitored much more closely because of the nature of your operation or because of certain pre-existing health problems that you may have. If your surgeon or anaesthetist believes you should go to one of these areas after your operation, they will tell you and explain to you what you should expect.

If there is not a bed in the necessary unit on the day of your operation, your operation may be postponed as it is important that you have the correct level of care after major surgery.

**Eating and drinking.** After this procedure, you should not have anything to eat or drink until you discuss this with your nurse post-operatively.

**Getting about immediately after the procedure.** We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. If you have any mobility problems, we can arrange nursing or physiotherapy help.

**Leaving hospital.** Generally most people who have had this operation will be able to leave hospital after two to three days. However, the actual time that you stay in hospital will depend on your general health, how quickly you are recovering from the procedure and your doctor's opinion.

**Resuming normal activities including work.** Usually you can resume normal activities after two weeks. Your doctor will advise you on how quickly you can resume normal and more vigorous activity.

**Special measures after the procedure:** We will give you further information about any special measures you need to take after the procedure. We will also give you information about things to watch out for that might be early signs of problems (e.g. infection).

**Check-ups and results:** Before you leave hospital, we will request an outpatient appointment in six weeks for an outpatient clinic to discuss the results of your surgery. At this time, we can check your progress and discuss any further treatment. If tests are required, please include how the patient will receive their test results and when to expect them.
Significant, unavoidable or frequently occurring risks of this procedure

The rib that is removed is located in a confined space and is closely related to several nerves and blood vessels. Your surgeon will carefully move these away from the rib before it is removed. There is a reported risk of injury to the nerves or blood vessels in the neck and the arm but this is small: about 1 in 100.

This operation involves removal of a rib, so sometimes air can seep into the chest cavity and cause a partly deflated lung. This is uncommon and can easily be dealt with. This rarely requires any further treatment if it is small. Occasionally if a larger part of the lung deflates a chest drain may be required. This is a tube that drains air out of the chest cavity and allows the lung to fully inflate. If this happens you would need to stay in hospital for a few more days. Further X-rays are needed to ensure the lung has fully recovered.

There is also a risk that your symptoms may not fully improve, however this is low and the majority of patients who have this operation gain an improvement in their symptoms. As with any operation there is a risk of wound infection, but this is low.

Severe damage to the arm circulation, possibly leading to amputation has been reported with this operation due to injury of the artery in the neck but this is extremely rare. Permanent nerve damage is possible but also very rare.

General risks associated with all major operations and from being hospitalised: eg bleeding, infection, blood clots.

Alternative procedures that are available

For many people with thoracic outlet syndrome the symptoms can be managed without the need for an operation. Physiotherapy may be helpful to improve the strength of the muscles in your neck and shoulder and help with poor posture.

An alternative to this surgery is a decision not to have surgery. We will discuss with you the implications of deciding not to have surgery.

Information and support

We will give you additional information in the form of patient information leaflets. Please contact the vascular surgery nurse practitioner on 01223 245151 ext. 596382 if you have any questions or anxieties.

Further information is available from The Vascular Society Website: www.vssgbi.org/

Anaesthesia

Anaesthesia means ‘loss of sensation’. There are three types of anaesthesia: general, regional and local. The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness. Sometimes different types of anaesthesia are used together.
Before your operation
Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

Pre-medication
You may be prescribed a ‘premed’ prior to your operation. This is a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific for the procedure that you are going to have or for any medical conditions that you may have. Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.

You will usually change into a gown before your operation and we will take you to the theatre. When you arrive in the theatre or anaesthetic room and before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If a regional anaesthetic is going to be performed, this may be performed at this stage. If you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.

General anaesthesia
During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.
Regional anaesthesia

Regional anaesthesia includes epidurals, spinals, caudals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you and, if you are to have a general anaesthetic as well, whether the regional anaesthesia will be performed before you are given the general anaesthetic.

Local anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted. Some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.

Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as a local or regional anaesthetic. The anaesthesia prevents you from feeling pain and the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.

What will I feel like afterwards?

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia although when the effects of the anaesthesia wear off you may need pain relieving medicines.

What are the risks of anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.
**Patient Information**

**Thoracic outlet syndrome and cervical or first rib removal, media id 101024, V1, November 2018**

**Very common (1 in 10 people) and common side effects (1 in 100 people)**
- Feeling sick and vomiting after surgery
- Sore throat
- Dizziness, blurred vision
- Headache
- Bladder problems
- Damage to lips or tongue (usually minor)
- Itching
- Aches, pains and backache
- Pain during injection of drugs
- Bruising and soreness
- Confusion or memory loss

**Uncommon side effects and complications (1 in 1000 people)**
- Chest infection
- Muscle pains
- Slow breathing (depressed respiration)
- Damage to teeth
- An existing medical condition getting worse
- Awareness (becoming conscious during your operation)

**Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications**
- Damage to the eyes
- Heart attack or stroke
- Serious allergy to drugs
- Nerve damage
- Death
- Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: [www.rcoa.ac.uk](http://www.rcoa.ac.uk)
Information about important questions on the consent form

1  Creutzfeldt Jakob Disease (‘CJD’)

We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2  Photography, Audio or Visual Recordings

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment; they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3  Students in training

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4  Use of Tissue

As a leading biomedical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.

Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.
We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 348043, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.info@addenbrookes.nhs.uk.

Document history
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Version number/Ref: 1/101024
Thoracic outlet syndrome and cervical or first rib removal

To help relieve compression of the nerves and blood vessels relieving symptoms.

Injury to nerves and blood vessels in the arm and neck.
Partial lung collapse requiring a chest drain.
Symptoms do not improve.
Wound infection
Severe damage to the arm circulation, possibly leading to amputation.
Permanent nerve damage
Risks associated with general anaesthesia.

b) the possible risks involved. Addenbrooke's always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

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Statement of health professional (details of treatment, risks and benefits)

I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital's consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)
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Consent Form

Thoracic outlet syndrome and cervical or first rib removal

d) any extra procedures that might become necessary during the procedure such as:

☐ Blood transfusion ☐ Other procedure (please state)

2 The following information leaflet has been provided:

Thoracic outlet syndrome and cervical or first rib removal

Version, reference and date: V1, media id 101024, November 2018

or ☐ I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:

☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ None

Signed (Health professional): .......................................................... Date: D D / M M / Y Y Y Y

Name (PRINT): .......................................................... Time (24hr): H H : M M

Designation: ........................................................................ Contact/bleep no:

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.

☐ Yes ☐ No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.

☐ Yes ☐ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.

☐ Yes ☐ No

3 Students in training
I agree to the involvement of medical and other students as part of their formal training.

☐ Yes ☐ No

Patient safety – at the heart of all we do

Addenbrooke's Hospital | Rosie Hospital
Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

☐ Yes ☐ No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

☐ Yes ☐ No

I have listed below any procedures that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ___________________________ Date: D.D./M.M./Y.Y.Y.Y.
Name of patient (PRINT): ___________________________

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.
Signed: ______________________________________ Date: D.D./M.M./Y.Y.Y.Y.
Relationship to patient: ___________________________

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.
Signed (Witness): ___________________________ Date: D.D./M.M./Y.Y.Y.Y.
Name of witness (PRINT): ___________________________
Address: ____________________________________________
**Consent Form**

Thoracic outlet syndrome and cervical or first rib removal

**D Confirmation of consent**

**Confirmation of consent** (where the treatment/procedure has been discussed in advance)

On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

**Signed** (Health professional): .................................................. Date: ...D. D. / M. M. / Y. Y. Y. Y...

**Name** (PRINT): .................................................................. Job title: ..................................................

Please initial to confirm all sections have been completed:

**E Interpreter’s statement** (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

**Signed** (Interpreter): .................................................. Date: ...D. D. / M. M. / Y. Y. Y. Y...

**Name** (PRINT): ..................................................................

Or, please note the language line reference ID number:

**F Withdrawal of patient consent**

☐ The patient has withdrawn consent (ask patient to sign and date here)

**Signed** (Patient): .................................................. Date: ...D. D. / M. M. / Y. Y. Y. Y...

**Signed** (Health professional): .................................................. Date: ...D. D. / M. M. / Y. Y. Y. Y...

**Name** (PRINT): .................................................................. Job title: ..................................................