

Information and Consent for Procedure

I hereby authorize the following doctor(s): Christopher S. Durant and any such assistants as may be selected by him/her to perform the following procedure(s) on me:

Right Shoulder Arthroscopy, rotator cuff/labral repair, partial acromioplasty and related procedure.

I am aware that the practice of medicine and surgery is not an exact science. I acknowledge that no guarantees have been made to me concerning the result of the procedures.

It has been explained to me that during the course of the procedures, unforeseen conditions may be revealed that necessitate additional or different procedures than those set forth in paragraph 1. I, therefore, authorize and request that the above named practitioner(s), his/her assistants, or his/her designees perform such procedures as are necessary and desirable in the exercise of professional judgment. The authority granted under this paragraph 3 shall extend to treating all conditions that are not known at the time the procedure is undertaken.

I have been informed of the risks that are generally associated with the performance of any procedure and the administration of anesthesia. I further understand that there may be serious consequences such as headaches, neurological or sensory disturbances, bowel/bladder dysfunction, infection, soreness, permanent pain, delayed healing, numbness, tingling, non-healing, need for future procedures or other calamitous occurrence. I understand that there may be certain risks especially associated with the procedures described in paragraph 1. I have asked and am satisfied that I know to the extent that I wish to know what those risks may be. I accept those risks.

I consent to the photographing or videotaping of the surgery or procedure(s) to be performed, including appropriate portions of my body for medical, scientific, or educational purposes, provided that my identity is not revealed by the pictures or by descriptive text accompanying them.

I consent to the presence of observers in the operating room, such as students, medical residents, medical equipment representatives or appropriate parties approved by my surgeon.

I authorize and consent the surgery center to perform any blood tests, including but not limited to, tests for HIV, Hepatitis B, and Hepatitis C on any patient, during whose treatment a healthcare professional sustains a puncture, mucous membrane or open wound exposure to the patient's blood or other bodily fluids.

I consent, authorize and request the administration and management of such anesthesia as is deemed suitable by the anesthesiologist assigned to my procedure. It is my understanding that the anesthesiologist will have full charge of the administration and management of the anesthesia and any other necessary, associated procedures for anesthesia.

I acknowledge that the foregoing information does not cover all of the specific information that has been provided by the above named practitioner. But, the information set forth above was provided to me and I have had full opportunity to ask questions and to have received additional information.

I have apprised the patient of the foregoing.

Date

Time

Patient Signature/or Authorized Representative

Witness/Interpreter Signature

Physician Signature

The patient is unable to sign because _____, I therefore consent for the patient.

Person signing on behalf of the Patient

Relationship to the Patient

Right / Left SHOULDER

CPT CODES (PROCEDURES)	ICD-10 CODES (POST-OP DIAG)
__ 29805 Shoulder diagnostic. (10)	__ M75.01 Adhesive capsulitis, right shoulder. (10)
__ 29823 Major debridement. (11)	__ M75.02 Adhesive capsulitis, left shoulder. (11)
__ 29822 Minor debridement. (12)	__ S46.101A Biceps tendon tear, right shoulder. (12)
__ 29820 Minor synovectomy. (13)	__ S46.102A Biceps tendon tear, left shoulder. (13)
__ 29821 Complete synovectomy. (14)	__ M75.41 Impingement syndrome, right shoulder. (14)
__ 29819 Loose body removal or fragments. (15)	__ M75.42 Impingement syndrome, left shoulder. (15)
__ 29999 Coblation arthroplasty glenoid. (16)	__ M24.811 Internal derangement, right shoulder. (16)
__ 29824 Distal claviclectomy. (17)	__ M24.812 Internal derangement, left shoulder. (17)
__ 29825 Lysis of adhesions. (18)	__ M75.121 Complete rupture, rot. cuff, rt shoulder. (18)
__ 29999 Bursectomy. (19)	__ M75.122 Complete rupture, rot. cuff, left shoulder. (19)
__ 29826 Decompression, partial acromioplasty. (20)	__ S46.011A Partial rotator cuff tear, right shoulder. (20)
__ 29999 Release of CA ligament. (21)	__ S46.012A Partial rotator cuff tear, left shoulder. (21)
__ 20610 Intraarticular injection. (22)	__ S43.431A Labrum tear, right shoulder. (22)
__ 29827 RC repair arthroscopically. (23)	__ S43.432A Labrum tear, left shoulder. (23)
__ 29807 Slap repair. (24)	__ M65.811 Synovitis, right shoulder. (24)
__ 29806 Bankart repair, capsulorrhaphy. (25)	__ M65.812 Synovitis, left shoulder. (25)
__ 29828 Biceps tenodesis. (26)	__ M75.51 Bursitis, right shoulder. (26)
__ 23770 Manipulation should under anesthesia. (27)	__ M75.52 Bursitis, left shoulder. (27)
__ 23405 Shoulder tenotomy. (28)	__ M24.10 Glenoid chondral defect. (R 28, L 29)
__ 29999 Topaz microdebridement. (29)	__ M75.81 Subacromial adhesions. (R 30, L 31)
__ 29999 Chondroplasty (glenoid/humeral head). (30)	__ Templates Chondromalacia (glenoid/hum. head) (R 32, L 33)
__ Synovectomy (10)	__ Anterior Capsular Release (11)
__ Posterior Capsular Release (12)	__ SLAP with no repair (17)
__ Anterior Labrum Bankart tear with no repair (13)	__ SLAP with repair (18)
__ Anterior labral Bankart tear with repair (16)	__ Posterior Labral tear without repair (22)
__ Anterior labral tear, no repair (14)	__ Posterior Labral tear with repair (23)
__ Inferior labral tear, no repair (15)	__ Subscapularis Tear with no repair (24)
__ Biceps tear with debridement (19)	__ Subscapularis Tear with repair, no anchor (25)
__ Biceps tear with tenotomy (20)	__ Subscapularis Tear with repair, with anchor (26)
__ Biceps tear with tenodesis (21)	__ Chondroplasty of the Humeral Head (29)
__ Supraspinatus Tear with no repair (27)	__ Chondroplasty of the Glenoid (30)
__ Infraspinatus Tear with no repair (28)	__ Coblation Arthroplasty of the Glenoid (31)
__ Removal of Loose Bodies (32)	__ Lysis of the Coracoacromial Ligament (36)
__ Subacromial Bursectomy (33)	__ Distal Clavicle Mumford Procedure (37)
__ Subacromial Decompression with Acromioplasty (34)	__ Rotator Cuff tear with no repair (38)
__ Subacromial Decompression without Acromioplasty (35)	__ Rotator Cuff Tear with Repair, 1 anchor (40)
__ Lysis of Adhesions (42)	__ Rotator Cuff Tear with Repair, 2 anchors (41)
__ RC tear with rep. of BioInductive Implant/PLGA Anchor (39)	__ Topaz microdebridement (43)

INTRAOPERATIVE FINDINGS

Right / Left SHOULDER

- ___ Labral tear (anterior, posterior, superior, inferior) (10) _____
- ___ Partial intraarticular rotator cuff tear (11) _____
- ___ Partial bursal-side rotator cuff tear (12) _____
- ___ Chondromalacia glenoid (13) _____
- ___ Chondromalacia humeral head (14) _____
- ___ Loose fragments (15) _____
- ___ SLAP tear (16) _____
- ___ Full thickness rotator cuff tear (17) _____
- ___ Partial thickness rotator cuff tear (18) _____
- ___ Bankart lesion (19) _____
- ___ Biceps tendonitis (20) _____
- ___ Biceps tendon tear (21) _____
- ___ Partial biceps tear (22) _____
- ___ Synovitis (23) _____
- ___ Subacromial adhesions (24) _____
- ___ Adhesive Capsulitis (25) _____
- ___ Impingement (26) _____
- ___ Subscapularis tendon tear (27) _____
- ___ Glenoid chondral lesion (28) _____
- ___ Bursitis (29) _____

Preoperative Dx: _____

Assistant: _____

Anesthesia: General, IV Sedation, Nerve block _____

Instrumentation/Other: _____

pPre-Op Shoulder Template Left / Right
WC NF Lien Other

Rec #: _____ Location: _____
__MVA __Seat belt __Driver __Front Passenger __Rear Passenger
__bike __pedestrian
Working: __N __Y Stopped: _____ Returned: _____ Returning: _____
Restrictions: __N __Y: _____
Receiving PT: __N __Y: _____
Taking med. for pain: __N __Y: _____

Shoulder pain: __1 __2 __3 __4 __5 __6 __7 __8 __9 __10/10 __constant __intermittent
Worsens: __ROM __LPP __reaching overhead __grooming
Radiates: __to trap __down arm
There is __clicking __numbness/tingling

Shoulder: __within normal limits

Inspection: __normal.

Swelling over the __AC joint __anterior __lateral __posterior __SC joint __upper arm __scapula.
Erythema over the __AC joint __anterior __lateral __posterior __SC joint __upper arm __scapula.
Ecchymosis over the __AC joint __anterior __lateral __posterior __SC joint __upper arm __scapula.
Atrophy is __posterior __superior __anterior.

Palpation: __normal.

Tenderness over __AC joint __anterior __lateral __posterior __SC joint __upper arm __scapula.
Spasm of the __trap __upper thoracic muscles. Crepitus at the __AC joint __glenohumeral __scapula

ROM: __normal

Strength: __normal

__limited __painful	NORM	CLAIMANT	__Improving __partial
Abduction	180	degrees	/5
Adduction	30	degrees	/5
Forward Flexion	180	degrees	/5
Extension	60	degrees	/5
Internal Rotation	80	degrees	/5
External Rotation	90	degrees	/5

Tests: __normal

Apprehension __Pos __Neg
Relocation is __Pos __Neg
Impingement is __Pos __Neg
O'Brien's test __Pos __Neg

Hawkin's Test __Pos __Neg
Drop arm test __Pos __Neg
Arc of pain __Pos __Neg

DX:

__ Rot. cuff tear __ Labral tear __ SLAP tear __ Impingement
__ Bursitis __ Tendinitis __ capsulitis Findings from Preop sheet

__Patient is currently 100% 75% 50% 25% __ temporarily totally / partially disabled.
Recommendation: _____

