

The Shin J. Oh Muscle and Nerve Histopathology Laboratory at UAB
Sural Nerve Biopsy Procedure

Your doctor has determined that it is necessary to do a sural nerve biopsy on you. A sural nerve biopsy is a procedure in which the doctor makes a small surgical cut over a sural nerve (in your leg) and takes a specimen of the nerve for further examination. Usually the procedure is done under “local” anesthesia. This means that the doctor will inject medicine into the skin to “deaden” it before he/she makes any cuts. The whole procedure is accomplished with only minimal discomfort to the patient. This procedure is not treatment for any disease but is just an examination. However, your doctor feels that it is essential to your well-being that the information from the procedure be obtained.

Complications from sural nerve biopsy procedures are very uncommon, but they do occur. As with any surgical procedure, a sural nerve biopsy can be complicated by bleeding and infection. This can cause prolonged illness, a draining wound, an unsightly and painful scar, the need for a blood transfusion, or the need for further surgery. Nerve damage is definite from sural nerve biopsy procedures. This could result in numbness and pain in the outer part of the foot where the nerve biopsy is done. Severe allergic reactions to the medicine used to anesthetize or “deaden” the skin have been known to occur. **Occasionally, shooting pain occurs in the areas the cut nerve supplies after this type of procedure. This pain is usually short-lived.**

There are other potential complications from the procedure you are considering. However, it is not possible to advise you of every conceivable complication. The purpose of this form is not to frighten or upset you. The complications referred to are very unlikely. The purpose of this form is to ensure that you are informed and your decision to have a sural nerve biopsy performed is not made in ignorance of the risks of this type of procedure.

Certify: I have read or had read to me the contents of this form. I understand the risks involved in this procedure.

Date: _____

Signed: _____
(by patient or person legally authorized to sign for patient)

Witness: _____