

## **FAQ Regarding Operations**

(Agency for Healthcare Research and Quality, Rocheville, quoted from Jörg Blech, Heillose Medizin, Publisher: S. Fischer Verlag, Frankfurt am Main 2005, pages 232-233)

### **Here: Quadrant operation according to Bauer in fibromyalgia/fibromyalgia syndrome (FMS)**

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#### **1) Why has this elective operation to be done?**

This elective operation needn't be done unconditionally. It is up to you if you want to continue the treatment adopted so far, when you think you can endure living with your ailment this way.

However, be cautious! Fibromyalgia syndrome is a chronic disease which worsens in phases over decades and finally will lead to your incapacity for work, and for earning your living, and will result in invalidism (wheelchair, confinement to bed). Owing to the sometimes less intense, but never absent pain, this disease causes *damage to your personality*, and secondarily leads to *psychical disorders*. These changes are the consequence, not the cause of the disease. The suicide ratio is about 15%, and it is likely to increase after intake of some medicaments acting upon the central nervous system – statistics are not available, similarly as they were not available for a long time about the harmfulness of smoking.

#### **2) Are there any options instead of elective surgery?**

No. The quadrant operation is the only treatment which eliminates the compression syndrome of small nerves causally.

All multi-modal therapies are incomplete. Neither are they effective in an unequivocal syndrome of the carpal tunnel. In order to document the effectiveness upon compression syndromes of drugs acting on the central nervous system, they should have been tested in a multi-centre prospective, double-blind, randomized, placebo-controlled study – but they were not.

The multi-modal therapies cannot find an exit from their blind-alley.

#### **3) At what does the elective operation aim?**

Its target and purpose is persistent loss of pain and of other problems caused by fibromyalgia. In addition, progression of the disease will be stopped (see paragraph 1).

#### **4) What is the actual benefit of the operation?**

If operation regarding one sole quadrant is carried out in 1000 patients 600 of them will experience loss of problems in all four quadrants, to the extent that they can discontinue intake of all medicaments, and stop any other treatments (= cure). Of course, damage already caused to joints and capsules remains as well as the sequels of injuries, or the truth that the patient gets older.

In 300 patients, only improvement can be observed after 1 year. It may be that

- a. the operated on quadrant remains rid of problems, whereas the remaining three do not recover,
- b. the operated on quadrant as well as the remaining 3 quadrants are rapidly freed from their problems but after some time this effect disappears,
- c. after 12 months all 4 quadrants have somewhat improved but the patient does not perceive this success as relevant,

- d. the operated quadrant is absolutely free of disorders, and now the patient's body (his brain) assesses this problem-free quadrant as a baseline (zero) for comparison with the remaining three. Under such conditions, the impression crops up to the patient that the other three quadrants are more painful at present than they were before,
- e. in the beginning, during the first postoperative weeks to months, an initial deterioration (known also in homeopathy) takes place, and only afterwards the result quoted under a) is achieved,
- f. cases representing combinations of different forms quoted under a) to e) appear.

In the case of any striking features regarding point a) to f), we therefore recommend our patients to contact the surgeon who performed the operation in order to utilize the advantage of a post-operative check (at the cost of ca. 50 – 80 EURO). Do not disregard this option during the sixth to ninth postoperative month.

#### **5) What are the operation risks?**

If 1000 patients undergo the operation there is the risk that 70 of them do not have any profit from it, and also that disease progression cannot be prevented in them.

##### **General risks:**

20 patients out of 1000 experience bleeding into the dressing within the first 24 hours, or infection development up to suppuration, or they have to regret that the resulting scar does not look like the usual discreet line. Therefore, change of the dressing on the day following the operation is mandatory. That means, the patient should stay over night in a hotel or guesthouse, and in the morning he must present himself for the check.

In 9 cases out of 1000 the upper or lower limb becomes swollen, blue, and tender after the operation – there are special exercises to counteract this process, and the patient will be instructed how to practice them. One patient out of 1000 suffers a lesion of some nerve, blood vessel, or tendon which can be repaired using microsurgical methods.

#### **6) How long does it last until the patient recovers from the operation?**

Sickness leave will last 6-8 weeks after operation on the upper limb, 8-12 weeks after an operation involving the lower limb. Sports, hard housework, etc. are only possible to a limited extent during the first 3 postoperative months. Driving a car is not possible until 3 to 6 weeks after surgery depending on the operated quadrant: if the operation concerned the right side driving incapacity will last longer (because of the gear lever and brake pedal operation).

#### **7) What happens if the operation is not done?**

For an answer see paragraphs 1) and 2).

#### **8) How often has this operation been performed so far?**

Out of 10 000 examined patients suffering from the fibromyalgia syndrome, this operation has been performed 3200 times. For statistical data regarding the results see paragraph 4). These statistics (concerning success and quality of the final results) are based on questioning performed, collected, and statistically assessed by independent investigators 3, 6 and 12 months after the operation. By the end of 2008 also the results of the second study regarding the outcomes achieved 3 years postoperatively will be available.