

**CONSENT FOR SPINAL SURGERY: CERVICAL SPINE PROCEDURES**

I ..... understand my condition to be.....

I understand the proposed procedure will be.....  
.....  
.....

The procedure will be performed by Mr Alex Baker and that additional assistants (or surgeons in training) may assist him.

I confirm that I have discussed my condition and the proposed treatment plan with Mr Baker. During the consultation we discussed any alternatives (including the option for non intervention/ monitoring of symptoms) and he outlined the risks and benefits to me. I therefore understand that although the proposed procedure does carry certain risks associated with surgery, the alternative would, most likely, be the continuation or worsening of my symptoms instead.

I confirm that I understand the information provided and that I was given the opportunity to ask any questions. I have also been provided with contact details for Mr Baker if I have any further questions, either prior to or following my treatment.

**RISKS AND BENEFITS**

**BENEFITS:**

The outcome of spinal surgery cannot be guaranteed, but I understand the expected benefits to be:

- Prevention of my condition deteriorating
- Reduction in pain
- An improvement in overall function
- Possible improvement in motor and sensory abilities
- Preservation of bladder and bowel function

**RISKS:**

**GENERAL RISKS OF ALL SPINAL SURGERY:**

I understand that carrying out any spinal surgery carries certain inherent risks.

• **Injury to the dura (lining of the spinal cord).**

Possible symptoms include: fluid leakage, headaches, nausea, vomiting, photophobia (sensitivity to light) and altered sexual function. Symptoms occur in 4 out of every 100 patients. Further procedures are not normally required to repair it and patients may be advised to have bed rest, intravenous fluids and/or antibiotics.

• **Spinal cord or Cauda Equina injury**

This can result in:

- Paralysis (permanent loss of function in the arms and/or legs)
- Loss of bladder or bowel control
- Reduced sexual function
- Problems regulating blood pressure, or Autonomic Dysreflexia (a sudden rise in blood pressure)
- Associated complications of living with a spinal cord injury, including pressure sores, urinary and respiratory infections

I understand that the above symptoms may be permanent or temporary and occur in 2 to 4 people out of every 1,000 patients.

• **Nerve root injury**

Possible symptoms include: pain, numbness, weakness and altered/ reduced reflexes in either the arms or legs, which may be permanent.

• **Surgery performed at the wrong level**

(despite careful planning and imaging)

• **No improvement of symptoms**

In some cases surgery may only halt further deterioration, or the worsening of symptoms. It may not actually create an improvement. This is particularly the case in procedures carried out to treat myelopathy.

• **Blood loss (which may require transfusion)**

Damage to major blood vessels, leading to excessive blood loss, low blood pressure, anaemia and death (very rare).

• **Pain and discomfort (from the surgical procedure)**

• **Infection (which may require antibiotics)**

Deep infections may need the removal of any implants or fixation devices (serious infection occurs in less than 1 in 100 patients).

• **Scar complications**

Including failure to heal, pain, numbness and hypertrophic scarring (thickened raised scar). Internal scarring is also possible, which may cause symptoms to reoccur.

**RISKS ASSOCIATED WITH ANAESTHESIA:**

Though very rare, anaesthesia carries a small risk of:

- Cardiac arrest
- Blindness
- Stroke
- Skin breakdown and nerve damage
- Swallowing and voice impairment (associated with the anaesthetic breathing tube)
- DVT (deep vein thrombosis or a blood clot). This usually begins with swelling, pain or heat in the calf, which may result in a pulmonary embolism or clot on the lung and symptoms such as chest pain, shortness of breath and fainting. Immediate medical care is imperative.
- Death

Many of the above carry a higher risk in patients with other medical conditions including diabetes, hypertension, immune disorders, those taking steroids/immunosuppressants and those who smoke.

**ADDITIONAL RISKS FOR CERVICAL SPINE SURGERY:**

**Injury to the oesophagus (food pipe) or trachea (windpipe)**

This may require further intervention to correct.

**Swallowing difficulties**

These are usually mild and improve over time (up to 80 out of 100 patients will experience these symptoms initially, dropping to 27 out of 100 patients after six months).

**Temporary voice hoarseness**

This is caused by swelling and occurs temporarily in around half of all patients.

**Laryngeal nerve damage**

This can result in temporary/permanent vocal impairment and/or swallowing difficulties, which requires diet changes (this occurs in 7-11 out of every 1,000 patients).

**Facial weakness** or eyelid drooping (Horner's syndrome)

This may be temporary or permanent, but is usually mild.

**ADDITIONAL RISKS FOR PATIENTS UNDERGOING FUSION PROCEDURES**

• **Malpositioning of implants**

This can result in injury to the spinal cord, nerve roots or dura, with the resulting complications described above. Malpositioned implants may also damage blood vessels and surrounding organs.

• **Possibility of future problems at an adjacent level in the spine**

Symptoms may reoccur next to the treated site. This may require further treatment/surgery.

• **Bone graft complications**

When a patient's own bone is used, there can be risks of bleeding, infection, painful/unsightly scarring, or a bone fracture/deformity at the graft site. Nerve injuries may also occur, specifically to the superior clonal or sciatic nerves, which may cause numbness/weakness in the buttock/thigh. Rare injuries to the superior gluteal artery may result in substantial blood loss, requiring further surgery.

**SIGNATURE OF PATIENT**

Having read the above, I give my informed and voluntary consent to the proposed procedure. I also give consent to any additional treatment required during the course of my procedure, where a delay would be detrimental to my health and wellbeing.

I have read the contents of this form. I have had the opportunity to ask Mr Baker questions and confirm that all of my questions have been answered.

Signature of patient.....

Date.....

**SIGNATURE OF SURGEON**

I have explained the procedure, risks, benefits and alternatives to the above patient, who states that they understand the information given and are happy to undergo the procedure.

Signature of surgeon.....

Date.....

