

**CONSENT FORM:
EPIDURAL / EPIDUROGRAM**

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, 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 procedures cannot be guaranteed, but I understand the expected benefit to be:

- Temporary relief of the symptoms in my leg/legs (including a reduction in pain, weakness and/or sensory/motor problems)

RISKS

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

The following are potential side effects or problems that can occur:

- **Injury to the dura (the 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.

- **Vascular damage or fluid collection**

This may result in a spinal cord injury. The results of which can be:

- Paralysis (permanent loss of function in the arms and/or legs)
- Loss of bowel/bladder control
- Reduced sexual function
- Problems regulating 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.

- **Procedure performed at the wrong level**
(despite careful planning and imaging)

- **Temporary increase in pain or short-term loss of sensation**
- **Temporary incontinence**

- **Incomplete decompression**

This happens in approximately 10 % of patients and can cause symptoms to reoccur.

- **No improvement or worsening of symptoms**

In some cases the procedure may not achieve the desired improvement. In which case we will discuss any further options with you and decide on a future treatment plan.

ADDITIONAL RISKS FOR PATIENTS UNDERGOING EPIDUROGRAM

- **Catheter breakage**

This may require further intervention.

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.....