

CONSENT FOR SPINAL SURGERY:

**LUMBAR SPINE PROCEDURES
LUMBAR DISCECTOMY
LUMBAR DECOMPRESSION**

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 outcomes of spinal surgery are not guaranteed, but I understand the expected benefits to be:

- Reduction in pain (this may be limited to a reduction in leg pain and there may or may not be any improvement in back pain symptoms)
- 75 % show significant improvement
- 20 % show some improvement
- 5 % remain the same
- 1 % continue to get worse following the operation
- Improvement in overall function
- Possible improvement in motor and sensory abilities

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**

This may result in pain, numbness, weakness and changed/absent reflexes. Permanent foot drop can occur, for which the patient will need to wear a foot splint.

• **Incomplete decompression**

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

• **Surgery performed at the wrong level**

(despite careful planning and imaging)

• **No improvement or worsening of symptoms**

This can include sensory changes and/or muscle weakness.

Reoccurrence of symptoms

This may be caused by another slipped or herniated disc (a second fragment of disc may herniate), or by a problem at an adjacent level in the spine. This occurs in approximately 10 % of patients and may require a further operation in the future.

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.

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.....