

LUMBAR DECOMPRESSION & PEDICLE SCREW INSTRUMENTED FUSION -SPONDYLOLISTHESIS	U.R. No	(Please place patient label here)		
	Surname			
	Given Names			
	D.O.B.		Sex	M F
	GP			

F. SIGNIFICANT RISKS AND RELEVANT TREATMENT OPTIONS

The doctor has explained any significant risks and problems specific to me, and the likely outcomes if complications occur. The doctor has also explained relevant treatment options as well as the risks of not having the procedure. (Doctor to document in Medical Record if necessary. Cross out if not applicable.)

G. PATIENT CONSENT

I acknowledge that:

The doctor has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and the risks of not having the procedure.

I have been given a Patient Information Sheet on Anaesthesia (Version 2: 11/2002).

I have been given a Patient Information Sheet (Version 3: 03/2004) about the procedure and its risks.

I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that the procedure may include a blood transfusion.

I understand that a doctor other than the Consultant Surgeon may conduct the procedure. I understand this could be a doctor undergoing further training.

I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed of sensitively by the hospital.

The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I understand that photographs or video footage may be taken during my operation. These may then be used for teaching health professionals. You will not be identified in any photo or video.

I understand that no guarantee has been made that the procedure will improve the condition, and that the procedure may make my condition worse.

On the basis of the previous statements, I REQUEST TO HAVE THE PROCEDURE.

Name of Patient/ Substitute decision maker and relationship
 Signature
 Date
 Substitute Decision Maker Under the Powers of Attorney Act 1998 and/ or the Guardianship and Administration Act 2000. If the patient is an adult and unable to give consent, an authorised decision-maker must give consent on the patient's behalf.

H. INTERPRETER'S STATEMENT

I have given a translation in (state the patient's language here) of the consent form and any verbal and written information given to the patient/ parent or guardian/ substitute decision maker by the doctor.

Name of Interpreter
 Signature
 Date

I. DOCTOR'S STATEMENT

- I have explained
- the patient's condition
 - need for treatment
 - the procedure and the risks
 - relevant treatment options and their risks
 - likely consequences if those risks occur
 - the significant risks and problems specific to this patient.

- I have given the patient/ substitute decision-maker an opportunity to
- ask questions about any of the above matters
 - raise any other concerns

which I have answered as fully as possible.

I am of the opinion that the patient/ substitute decision-maker understood the above information.

Name of Doctor
 Designation
 Signature
 Date

CONSENT INFORMATION - PATIENT COPY

LUMBAR DECOMPRESSION & PEDICLE SCREW INSTRUMENTED FUSION FOR SPONDYLOLISTHESIS

PROCEDURE

The operation is performed under general anaesthetic. An x-ray is taken to determine the operative level. The skin is prepared with antiseptic solution and local anaesthetic is injected into the area to be cut.

A cut is made down the middle of the back, the size of the cut varies according to how many vertebral levels are to be operated on and the size of the patient.

The muscles are stripped from the bones of the back of the spine. The bones at the back of the spine (spinous process and laminae) will be removed. The nerve roots are cleared of all tissue that is pressing on them.

Screws are passed through the bone that joins the back half of the vertebrae with the body in the front (pedicle). X-rays are taken to check the screws are in the right place. The screws are then joined together with a number of rods of nuts.

A separate cut may be made over the hip and bone taken from the hip if required. Bone removed from the spine and possibly the hip is laid down around the rods to fuse the spine. The wound is closed with stitches and / or staples and may have a drain.

ANAESTHETIC

See "About your anaesthetic" information sheet for information about the anaesthetic and the risks involved. If you have any concerns, talk these over with your anaesthetist. If you have not been given an information sheet, please ask for one.

GENERAL RISKS OF A PROCEDURE

- (a) Small areas of the lungs may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- (b) Clots in the legs (deep vein thrombosis) with pain and swelling. Rarely part of this clot may break off and go to the lungs which can be fatal.
- (c) A heart attack because of strain on the heart or a stroke.
- (d) Death is possible due to the procedure.

SPECIFIC RISKS OF THIS PROCEDURE

- (a) Nerve root injury that causes a weak ankle, this may be temporary or permanent.
- (b) Injury to the nerve covering (dura) with leakage of cerebro-spinal fluid that can cause meningitis and poor wound healing. This may need treatment with antibiotics and further surgery.
- (c) Further disc prolapse at the same level or other levels in the spine, this will cause pain and may need further surgery (1 in 10 people).
- (d) Paraplegia (paralysis of the lower half of the body) which may be temporary or permanent and may require further surgery.
- (e) Pain from the graft site of the hip. This usually settles in time.
- (f) The pedicle screw may injure the nerve root. This may cause pain and/or weakness, which may be permanent.
- (g) The metal may break whilst the bone is knitting. This may require further surgery.
- (h) The bone may not knit. This may cause pain and may require further surgery.
- (i) Infection in the wound causing redness, pain and possible discharge or abscess (1 in 20 people). This may need antibiotics.
- (j) Possible bleeding into the wound with swelling and bruising and possible blood stained discharge.
- (k) The wound may not heal normally. The wound can thicken and turn red (keloid scar) and the scar may be painful.
- (l) Ongoing persistent back and leg pain, with possible leg numbness due to nerve damage from the disc prolapse.
- (m) Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- (n) Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.

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