

AFFIX PATIENT LABEL

CONSENT FORM

LUMBAR SPINAL SURGERY

Plans have been made for you to undergo **lumbar spinal surgery** as detailed below:

Procedure

Other Procedure **Bone Graft**

Surgeon's signature **Date**

It is important for you to understand the nature of your operative procedure, what to expect from your surgery and the risks which may occur with this operation and also rare, but significant, other complications which have been known to occur. These complications have been listed below, however, this is not an exhaustive and exclusive list and other unforeseen complications may occur. Please sign each of the sections below together with the formal Hospital Consent Form.

1. I understand the main principles of the operative procedure that my spinal surgeon is to undertake. I feel that I have been given every opportunity to ask any questions about this procedure.

Signature: Date:

2. I understand that the surgery in question is not a "cure" but it is the nature of spinal surgery to expect a good percentage improvement. I also understand that improvements may not be immediate but may be gained in the longer term. I am also aware of the likely outcome if I do not have surgery.

Signature: Date:

3. I understand that complications which may occur with this type of procedure include: bleeding; infection; nerve root injury; spinal cord injury (weakness, numbness, bladder and bowel problems); dural tear / spinal fluid leak; skin and nerve pressure problems; stiffness; failure to improve symptoms; recurrence of my problem; scar (fibrous) tissue formation; implant related problems (mal position), failure and non union; adjacent segment problems; visceral injury; sexual dysfunction. In addition, the complications of anterior surgery include lumbar plexus pain, lateral thigh numbness, warm leg and hernia. General anaesthetic and medical problems may include deep venous thrombosis, pulmonary embolism, chest infections, urinary infections and others. I understand that I may require a urinary catheter. A blood transfusion may be required.

Signature: Date:

4. Finally, I understand that there are also very rare but serious complications which have been recorded from this type of surgery which, in extreme circumstances, might include: death, paralysis, cauda equina syndrome, severe bleeding, visceral injury, ureteric injury, eye complications including blindness, stroke and other serious anaesthetic and medical problems.

Signature: Date:

5. I consent to blood virology testing in the event of a staff needle stick injury Yes / No
I consent to medical photography for educational and teaching purposes Yes / No

Signature: Date:

