

Hospital ID sticker



CONSENT FOR ANTERIOR LUMBAR SPINAL SURGERY

Procedure, Side and Levels

Surgeon's signature..... Date Date of Surgery.....

Surgeon to read this following paragraph to patient:

It is important for you to understand the nature of your operation, what we are trying to achieve for you and the complications which can occur. Occasionally some of these can be quite significant, including permanent loss of function and you may even need to have a second operation. Most however, are less significant and often temporary. We have mentioned some of these complications below but it is not a full list and other unforeseen circumstances can arise. We will try and give you as much information as you need and want to have, so that you can make the decision whether to proceed with your operation.

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 have read the information booklet previously given to me about my operation. 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: vascular injury, nerve root injury, dural leak; recurrence of my problem; fibrous or scar tissue formation; infection, skin and nerve pressure problems, retrograde ejaculation. General anaesthetic and medical problems may include chest infections, urinary infections and others.

Signature:

Date:

4. 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, eye complications including blindness, stroke and other serious anaesthetic and medical problems.

Signature:

Date:

- ***Please see further accompanying consent form for 'surgical outcome data' to be sent to the British Spinal Registry***