AFFIX PATIENT LABEL

SUPPLEMENTAL CONSENT AND INFORMATION: SPINAL SURGERY

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

Procedure .....

.....

Other Procedure .....***Bone Graft*** .....

Reason for Surgery.....

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 operation that my spinal surgeon is performing and I have been given the chance to ask any questions about the operation. I understand that the operation is not a "cure" and it is the nature of spinal surgery to expect a good percentage improvement and / or prevent progression of the underlying condition. I understand that improvements may not be immediate but may be gained over time. I understand there is the possibility that the surgery may not help and that my symptoms may worsen. I am aware of the likely outcome if I do not have surgery.

   Signature: ..... Date: .....

2. I understand that complications which may occur with this type of procedure include: bleeding; infection; nerve injury; scar (fibrous) tissue formation around the nerves; spinal cord injury (weakness, numbness, bladder and bowel problems); dural tear / spinal fluid leak; skin and nerve pressure problems; stiffness / reduced movement; failure to improve symptoms; recurrence of my problem; inadequate correction of any deformity; implant related problems including incorrect position, loss of position, loosening, breakage and non union (failure of the bones to fuse together); problems above and / or below the operated part of the spine; organ injury; sexual dysfunction; problems removing wound drains (if required). In addition, the complications of anterior cervical (neck) spinal surgery include voice changes, swallowing difficulties, breathing difficulties, organ / blood vessel injury; the complications of anterior thoracic surgery include organ / blood vessel injury and or dysfunction, pneumothorax (collapsed lung); the complications of anterior lumbar (low back) spinal surgery include blood vessel injury, thigh numbness, warm leg and hernia. General anaesthetic and medical problems may include deep venous thrombosis / pulmonary embolism (blood clots), chest infections, urinary infections, acute confusional state, emotional distress and others. I understand that I may require a urinary catheter (tube in the bladder). A blood transfusion may be required.

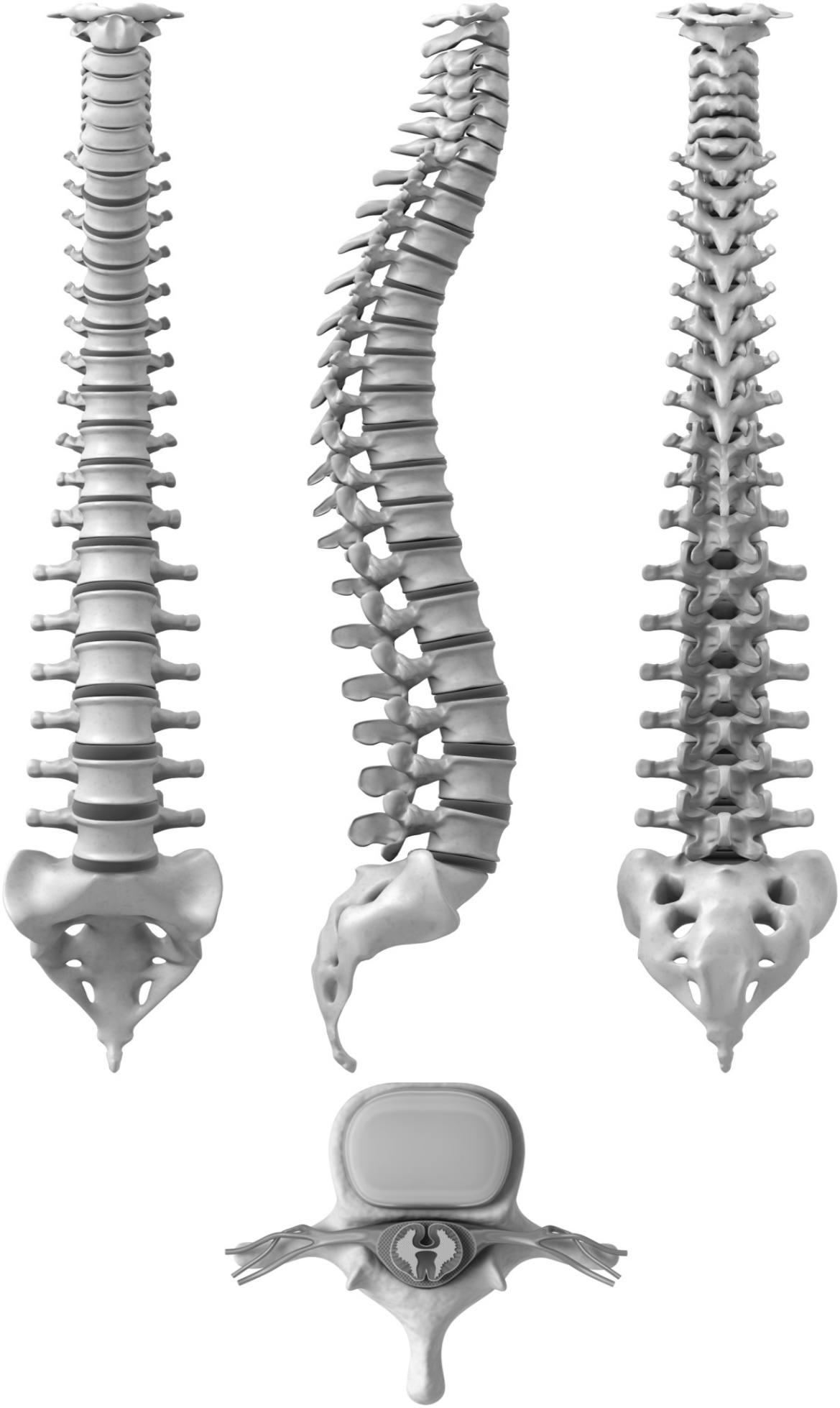
   Signature: ..... Date: .....

3. 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, severe bleeding, organ injury, eye complications including blindness, stroke and other serious anaesthetic and medical problems.

   Signature: ..... Date: .....

4. 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
   I consent to being entered on the British Spinal Registry Yes / No
   I understand that I will be required to complete outcome questionnaires Yes / No

   Signature: ..... Date: .....



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