



**CONSENT FORM
FOR
LUMBAR LAMINECTOMY**

Med Rec. No.....

Surname:.....

Forename:

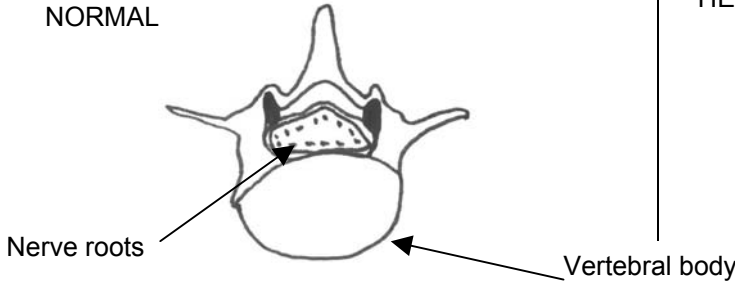
DOB:.....

AFFIX LABEL HERE

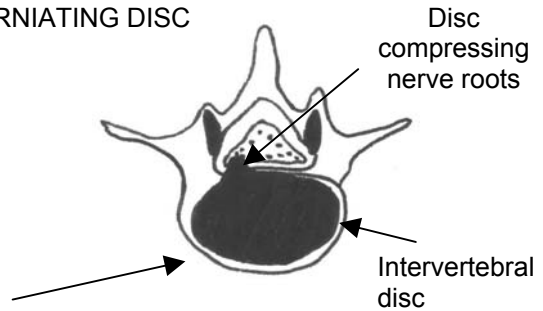
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*), have the following condition..... and that a **lumbar laminectomy** is proposed:

NORMAL



HERNIATING DISC



This means an operation to relieve pressure on the nerve roots in the lower back. A small amount of bone from the lower spine (lumbar vertebrae) is removed. At the same time, if the disc between the vertebrae is seen to be pressing on the nerve, part of this may also be removed.

Under a general anaesthetic, a cut is made in the skin over the site of the nerve compression, and through several layers of muscle and other tissues to expose the bones. The surgeon uses special magnification as he/she removes part of the vertebral bone to protect the nerves nearby. Any overgrown or stretched ligaments are also removed. Any bleeding is stopped and the wound is closed.

RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your neurosurgeon if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic** (see separate *Anaesthetic Consent Form*). I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand the procedure has the following **general risks and limitations**:

- I may develop a clot in my legs (deep vein thrombosis), causing pain and swelling. If part breaks loose it travel to my lungs (pulmonary embolus), making me breathless. Occasionally this may even be fatal.
- I may develop areas of minor collapse in my lungs, increasing my risk of getting a chest infection. I may require treatment with physiotherapy.
- I may have a heart attack from strain on my heart.
- When I am positioned on the table, I may develop damage to nerves or the spine due to pressure. This may cause weakness or paralysis in an arm or leg, which may recover over some weeks or may be permanent.

I understand the procedure has the following **specific risks and limitations**:

- I may have some bleeding in the wound. This may press on the nerve roots and could cause leg weakness, loss of feeling and loss of bowel or bladder control. I may need to return to the operating theatre if this happens, so the pressure can be relieved.
- The membrane covering my nerve roots may be torn during the operation if the inflammation has caused the tissues to stick together. This may cause injury to my nerve roots and pain. The cerebrospinal fluid around the nerves may leak. If this happens, I may need a further procedure to stop the leak and prevent infection from entering later.
- Any level of my wound (skin, bones, nerves) may become infected. I may need antibiotics if this occurs. If an abscess collects around the nerves, this may need to be drained.
- My nerve roots themselves may be damaged during the operation. This may cause leg weakness or paralysis and/or loss of feeling and loss of bowel or bladder control.

RISKS CONTINUED OVERLEAF →

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RISKS CONTINUED

- My abdominal organs including blood vessels, ureters (tubes from the kidney to the bladder) or nerves, may be damaged during the operation.
- My operation may be performed on the wrong nerve level.
- My symptoms may come back, even if the first operation was successful.

If I already have other longstanding medical conditions, such as heart disease or diabetes, the doctors will prepare me specially for the operation, but my condition may also be worsened by stress of the operation.

I understand that some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....
.....

DECLARATION BY PATIENT

- I acknowledge the surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the surgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my surgeon during this operation.
- I consent to a **blood transfusion**, if needed (*patient to circle and initial choice*) **YES** **NO**
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist surgeon may perform the procedure.
- I understand that no guarantee has been given to me that this operation will be successful.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.

Signature of patient _____ **Date** _____

If the patient is an adult and unable to give consent, a proxy form must be completed and attached

DECLARATION BY DOCTOR

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature _____ **Date** _____

Doctor's name
(please print) _____

INTERPRETER'S DECLARATION - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's Signature _____ **Date** _____

Interpreter's name
(please print) _____