Coastal NeuroSurgery P.A.

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POSTERIOR CERVICAL DECOMPRESSION WITH FUSION CONSENT FORM

Patient:

You have been scheduled for a posterior cervical decompression with fusion. Your surgery is scheduled for _____. The surgery involves making an incision in the back of your neck and removing the bone and ligament over the spinal canal and nerves in order to free up the spinal cord and nerves that are being compressed in your spinal canal. The surgery may also involve removing part of one or more disks if it is found that it is pressing on your nerves. Once your spinal cord and nerves are free, the fusion portion of the surgery will take place. Bone grafts, which are obtained from the bones removed from your spine, will be placed into the joint spaces of the unstable bones and screws will be placed into the bones and rods will be attached to the screws to hold the bones in place. The screws and rods are permanently placed and typically are not removed except in the case of infection or hardware breakage

As with any surgery, there are risks that may occur during the surgery and in the postoperative period, including but are not limited to:

1. Blood loss and the need for transfusion: This type of surgery typically has very little blood loss and it is unlikely that you will require a blood transfusion. If you would like, you may donate your own blood to the Red Cross prior to your surgery. If you require a transfusion and did not donate any blood, the donated blood is carefully screened for AIDS (HIV) and hepatitis, but there are risks of you developing such infections from a transfusion.

2. Infection: There is a risk for infection. Antibiotics will be given to you right before the surgery and for at least 24 hours postoperatively in order to minimize the risks for infection.

3. There are risks for paralysis, nerve injury, loss of bowel, bladder, or sexual function, which may be temporary or permanent.

4. Persistent symptoms, worsening of symptoms or lack of benefit from the surgery: As with any surgery there is never a 100% guarantee that all or any of your symptoms will be completely resolved. There may already be permanent damage to your nerves, which may not improve at all in the postoperative period.

5. Cerebral spinal fluid leaks: During the surgery the covering over the nerves (dura) may tear and cause a leakage of spinal fluid. Typically, the tear is repaired with a suture during the surgery, however, the leak may persist after the surgery or a leak may occur which was not identified during the surgery. This situation may cause headaches, drainage of spinal fluid from the incision and possibly meningitis should the fluid become infected. Treatment for postoperative spinal fluid leakage includes laying flat in bed, IV fluids and possible placement of a spinal drainage catheter. It is rare that another operation is required to find the source of the leak.

6. Recurrent disk herniation: There is a possibility that after your surgery you may rupture more disk material out from the same level which would require further surgery in the future.

7. Loss of mobility of the fused portion of your spine causing instability of the spinal segments above and below the level of your fusion in the future, which may require further surgery.

8. Deep vein thrombosis (blood clot in the legs), pulmonary embolism.

9. Formation of a blood clot over the spinal cord (epidural hematoma) requiring re-operation.

10. Pressure sores over the chest wall, breasts, nipples and iliac crest with skin blisters and burns that may occur from the positioning on the OR table even though every effort is made to pad these areas. These may be temporary or permanent.

11. Pressure injury to nerves in the brachial plexus (brachial plexitis) and lateral femoral cutaneous nerves (meralgia paresthetica), which may occur from position on the OR table even though every effort is made to pad these areas. This may be temporary or permanent.

12. Risks of anesthesia: Adverse reaction to anesthesia given or any medication given during the surgery.

13. Heart attack, stroke, coma and death.

14. Infection/pain at the pinhole sites: During the surgery your head will be immobilized in a holder, which is secured to your skull with pins. There is a possibility that the pinhole sites can become infected or that you hay have pain at these sites for a period of time after your surgery.

15. Misplacement of screws, breakage of screws or rods requiring re-operation in the future if symptoms occur.

16. Failure of a bony fusion to occur (nonunion/pseudoarthrosis) requiring re-operation.

I acknowledge that I have read the above consent form and all options and alternative treatments were discussed with me by Dr. Hartwell. In addition, all of the above risks were discussed with me in detail, in laymen's terms, by Dr. Hartwell and I understand all of the above risks and possible complications and wish to proceed with surgery.

1. No aspirin, Plavix, Coumadin or anti-inflammatory medication for one week prior to surgery.
2. No medicines for erectable dysfunction (ED medicines) 48 hours prior to surgery.
3. Nothing to eat or drink after 12:01 a.m. on _____.
4. Take the following medicines on the day of surgery with a small sip of water.

Patient: _____ Date: _____