

Anterior Cervical Discectomy - Inter Body Cage

Facility:

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F

A. INTERPRETER / CULTURAL NEEDS

- An Interpreter Service is required? Yes No
If Yes, is a qualified Interpreter present? Yes No
A Cultural Support Person is required? Yes No
If Yes, is a Cultural Support Person present? Yes No

B. CONDITION AND TREATMENT

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

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.....

This condition requires the following procedure.
(Doctor to document - include site and/or side where relevant to the procedure)

.....

.....

The following will be performed:

An Anterior Cervical Discectomy – inter body cage is performed to treat damaged cervical discs. This surgery approaches the spine from the front. A skin crease cut is made across the side of the neck.

An x-ray is taken during surgery to confirm the correct level of the spine before removing the disc. Using a microscope the damaged disc is removed. Any bony spurs which may be compressing the nerve roots and spinal cord are also removed.

Once the disc is removed, the space between the neck bones is empty. To prevent the bones from collapsing and rubbing together, the open disc space is filled with an interbody cage. An interbody cage is a prosthetic device used to maintain the normal height of the disc space.

The interbody cage is filled with a bone graft substitute and some of your own bone. This fuses the two neck bones together which prevents the bones rubbing together and collapsing.

The cut will be closed with sutures or staples.

C. RISKS OF THIS PROCEDURE

There are some risks/complications with this procedure/treatment/investigation.

Common risks include;

- Infection. This may need antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.

Uncommon risks include;

- Bleeding. A return to the operating room for further surgery may be required if bleeding occurs. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- A heart attack because of the strain on the heart.
- Stroke or stroke like complications can occur which can cause weakness in the face, arms and legs. This could be temporary or permanent.
- Injury to the voice box, the nerves to the voice box which causes vocal cord paralysis and a hoarse voice. This is usually temporary but may require further surgery.
- Injury to the food pipe. This may require further surgery.
- Injury to the carotid artery, which can cause a stroke. This may be permanent.
- Injury to the spinal cord resulting in quadriplegia. This may be temporary or permanent and may require further surgery.
- Injury to a nerve root causing a weak and numb upper limb. This may be temporary or permanent.
- Ongoing neck or upper limb pain. This may be temporary or permanent.
- Failure of fusion on the bone. This may result in pain and may require further surgery.
- Movement of the graft or inter body cage resulting in swallowing difficulties. This may require further surgery.
- Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Clots in the leg (deep vein thrombosis or DVT) with pain and swelling. Rarely part of this clot may break off and go into the lungs.

Rare risks include;

- Death is rare due to this procedure.

D. SIGNIFICANT RISKS AND PROCEDURE OPTIONS

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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PROCEDURAL CONSENT

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E. RISKS OF NOT HAVING THIS PROCEDURE

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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F. ANAESTHETIC

(Doctor to document type of anaesthetic required)

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G. PATIENT CONSENT

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure/treatment/investigations, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure/treatment. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure/treatment.
- that no guarantee has been made that the procedure/treatment will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated accordingly.
- a doctor other than the Specialist Neurosurgeon may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheets;

- ◆ **About your Anaesthetic**
- ◆ **Anterior Cervical Discectomy – Inter Body Cage**
- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure/treatment/ investigations and its risks,

and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

- I understand I have the right to change my mind at any time before the procedure/ treatment/investigation, including after I have signed this form but, preferably following a discussion with my doctor.

On the basis of the above statements,

I REQUEST TO HAVE THE PROCEDURE

Name of Patient/
 Substitute decision
 maker and relationship:

Signature:

Date:

Substitute Decision-Maker: Under the Powers of Attorney Act 1998 and/or the Guardianship and Administration Act 2000. If the patient is an adult and unable to give consent, an authorised decision-maker must give consent on the patient's behalf.

H. DOCTOR'S STATEMENT

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of
 Doctor:

Designation:

Signature:

Date:

Name of
 Anaesthetist:

Designation:

Signature:

Date:

I. INTERPRETER'S STATEMENT

I have given a sight translation in

.....
 (state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of
 Interpreter:

Signature:

Date: