Queensland Government

Anterior Cervical Discectomy - Inter Body Fusion

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

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)*

.....

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

.....

An anterior cervical discectomy – inter body fusion is performed to treat damaged cervical discs. This surgery approaches the spine from the front of the neck.

C. Risks of an anterior cervical discectomy - inter body fusion

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%) include:

- Infection requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV canula site. This may require treatment with antibiotics.
- Usually a cage is used rather than your own bone. If your own bone is being used pain from the donor site can occur and usually settles with time.

Uncommon risks and complications (1-5%) include

- Bleeding is more common if you have been taking blood thinning drugs such as anticoagulants (eg warfarin, dabigatran, rivaroxaban), antiplatelets (eg aspirin, clopidogrel, dipyridamole) or supplements like fish oil.
- Heart attack due to the strain on the heart.
- Stroke or stroke like complications may occur the face, arms and legs. This could be temporary or permanent. Injury to the nerves of the voice box which causes vocal cord paralysis and a hoarse voice. This is usually temporary but may require further surgery. This is rarely permanent.
- 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.
- The bone may not heal or fuse. This may cause pain and require further surgery.
- Movement of the graft or inter body cage resulting in swallowing difficulties. This may require further surgery.
- Swallowing difficulties due to swelling. This is usually temporary.
- Pain between the shoulders. This is usually temporary.
- 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 often go to the lungs.
- Instability of the spine or abnormal alignment may occur. This may require further surgery.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

Rare risks and complications (less than1%) include

- Breathing may become difficult due to bleeding and swelling in the neck area. This may require a tracheostomy, which will be temporary unless there are further complications.
- Due to limitations of imaging and body habitus occasionally a wrong level will be operated on necessitating further treatment.
- Death as a result of this procedure is very rare.

D. Significant risks and procedure options

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

.....

E. Risks of not having this procedure

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

.....

F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

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DO NOT WRITE IN THIS BINDING MARGIN

PROCEDURAL CONSENT FORM

v2.00 – 10/2013
SW9045

Continues over page ►►►

Queensland Government

Anterior Cervical Discectomy - Inter Body Fusion

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, 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. 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.
- that no guarantee has been made that the procedure 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 based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- ☐ **About Your Anaesthetic**
- ☐ **Anterior Cervical Discectomy – Inter Body Fusion**
- ☐ **Blood & Blood Products Transfusion**

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure 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, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

I request to have the procedure

Name of Patient:

Signature:

Date:

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

☐ Yes ▶ Location of the original or certified copy of the AHD:

☐ No ▶ Name of Substitute Decision Maker/s:

Signature:

Relationship to patient:

Date: PH No:

Source of decision making authority (tick one):

- ☐ Tribunal-appointed Guardian
- ☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
- ☐ Statutory Health Attorney
- ☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate 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/delegate:

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:

DO NOT WRITE IN THIS BINDING MARGIN

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Consent Information - Patient Copy
Anterior Cervical Discectomy - Inter Body Fusion

1. What is an anterior cervical discectomy - inter body fusion?

An anterior cervical discectomy – inter body fusion 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 either your own bone or an interbody cage. An interbody cage is a prosthetic device used to maintain the normal height of the disc space.

If an interbody cage is used it 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.

Sometimes, a small metal plate with screws is used to help strengthen the fusion.

The cut will be closed with sutures or staples.

2. My anaesthetic

This procedure will require a general anaesthetic.

See **About Your Anaesthetic information sheet** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

3. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%) include:

- Infection requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV canula site. This may require treatment with antibiotics.
- Usually a cage is used rather than your own bone. If your own bone is being used pain from the donor site can occur and usually settles with time.

Uncommon risks and complications (1-5%) include:

- Bleeding is more common if you have been taking blood thinning drugs such as anticoagulants (eg warfarin, dabigatran, rivaroxaban), antiplatelets (eg aspirin, clopidogrel, dipyridamole) or supplements like fish oil. Check with the treating doctor or relevant clinical staff if any medication you are taking, that is not list here, acts like a blood thinner.
- Heart attack due to the strain on the heart.
- Stroke or stroke like complications may occur causing neurological deficits such as weakness in the face, arms and legs. This could be temporary or permanent.
- Injury to the nerves of the voice box which causes vocal cord paralysis and a hoarse voice. This is usually temporary but may require further surgery. This is rarely permanent.
- 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.
- The bone may not heal or fuse. This may cause pain and require further surgery.
- Movement of the graft or inter body cage resulting in swallowing difficulties. This may require further surgery.
- Swallowing difficulties due to swelling. This is usually temporary.
- Pain between the shoulders. This is usually temporary.
- 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.
- Instability of the spine or abnormal alignment may occur. This may require further surgery.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

Rare risks and complications (less than 1%) include:

- Breathing may become difficult due to bleeding and swelling in the neck area. This may require a tracheostomy, which will be temporary unless there are further complications.
- Due to limitations of imaging and body habitus occasionally a wrong level will be operated on necessitating further treatment.
- Death as a result of this procedure is very rare.

Notes to talk to my doctor about:

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