



SW9276



# Vertebroplasty

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. Procedure

The following will be performed (*Doctor/doctor delegate to document – include site and/or side where relevant to the procedure*)

.....

.....

A vertebroplasty involves the injection of bone cement into the fractured bone, stabilising it, preventing further compression and reducing the pain.

Vertebrae are the small bones that make up the spinal column. Fractures in these bones cause them to compress and distort, causing pain.

This procedure will require the injection of local anaesthetic and a sedation anaesthetic.

## C. Risks of the procedure

In recommending the Vertebroplasty, the doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks and complications with this procedure can include but are not limited to the following.

### Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the puncture site. This may require medication.
- Bleeding or bruising could occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time.

### Less common risks and complications include:

- Infection can occur, requiring antibiotics and further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.

- An allergy to injected drugs may occur, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

### Rare risks and complications include:

- Injury to the spinal cord. This may require surgery.
- Permanent nerve damage with possible paralysis.
- Injected cement may leak outside of the vertebrae, this may require treatment.
- An increased lifetime cancer risk due to the exposure to x-rays.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.

### If sedation is given extra risks include:

- faintness or dizziness, especially when you start to move around
  - fall in blood pressure
  - nausea and vomiting
  - weakness
  - an existing medical condition getting worse
  - heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. This may require emergency treatment
  - stroke resulting in brain damage.
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....



# Vertebroplasty

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## D. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

- the risks and complications, 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.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
- a doctor/doctor delegate undergoing further training may conduct this procedure.

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

Vertebroplasty

- I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. 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/doctor delegate.
- 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.
- I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

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)

## E. Doctor/delegate Statement

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

Name of Doctor/delegate: .....

Designation: .....

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

## F. 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

## 1. What is a Vertebroplasty?

A vertebroplasty involves the injection of bone cement into the fractured bone, stabilising it, preventing further compression and reducing the pain.

Vertebrae are the small bones that make up the spinal column. Fractures in these bones cause them to compress and distort, causing pain.

## 2. Will there be any discomfort, is any anaesthetic needed?

This procedure will require an injection of local anaesthetic and a sedation anaesthetic.

## 3. What is sedation?

Sedation is the use of drugs that give you a 'sleepy-like' feeling. It makes you feel very relaxed during a procedure. You may remember some or little about what has occurred during the procedure.

This procedure may only have a light sedation. You need to be able to fully co-operate at times by holding your breath when instructed by the doctor.

Sedation is generally very safe but has a risk with side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

## 4. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your procedure.

- You will be told when to have your last meal and drink. This is to make sure your stomach is empty so that if you vomit during the procedure there will be nothing to go into your lungs.
- Please tell the staff if you are or suspect you might be pregnant or are breastfeeding.
- *If you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin) or any other drug that is used to thin your blood ask your doctor/health practitioner if you should stop taking it before the procedure as it may affect your blood clotting.*
- *List or bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements.*
- *Do not drink any alcohol and stop recreational drugs 24 hours before the procedure as these may alter the affects of the sedation anaesthetic. If you have a drug habit please tell your doctor.*

## 5. During the procedure

A fine needle (IV cannula) will be put into a vein in your arm.

The Radiologist (x-ray doctor) will inject local anaesthetic into the skin.

Using x-ray imaging as a guide the doctor will insert the needle into your back. Pictures are repeated every time the needle is moved.

You must remain as still as possible. At times, you may be asked to hold your breath.

When the needle is inside the vertebrae the cement will be injected.

During the mixing process the cement produces a strong chemical smell. This disappears once the cement is injected.

This process will be repeated if you are having multiple vertebrae treated.

At the end of the procedure, the needles will be removed and a dressing will be applied to the puncture site/s.

## 6. After the procedure

You will continue to lie still for 15 to 30 minutes after the procedure has finished allowing time for the cement to set.

The recovery time varies depending on the sedation given. It can vary between 2 hours and 6 hours.

The IV cannula will be removed after you have fully recovered.

Staff will discuss with you what level of activity is suitable after your procedure.

## 7. What are the risks of this specific procedure?

The risks and complications with this procedure can include but are not limited to the following.

### Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the puncture site. This may require medication.
- Bleeding or bruising could occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time.

### Less common risks and complications include:

- Infection can occur, requiring antibiotics and further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- An allergy to injected drugs may occur, requiring further treatment.

