



Queensland Government

Lumbar Decompression and Pedicle Screw 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)*

.....
This procedure is performed to relieve pressure on the fibrous sheath which contains the spinal nerves and stabilises the spine from slipping forward.

C. Risks of lumbar decompression and pedicle screw fusion

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

Common risks and complications (> 5%) include:

- Infection, requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require antibiotics.
- Pain from the bone graft site of the hip. This usually settles in 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 causing neurological deficits such as weakness in the face, arms and legs. This could be temporary or permanent.
- Nerve root injury causing a weakness in foot movement which may affect mobility. This may be temporary or permanent.
- Bladder or bowel problems due to nerve root injury. This may be temporary or permanent.
- Injury to the covering of the spinal cord. This may require further surgery.
- Ongoing persistent back and leg pain, with possible leg numbness due to nerve damage from compressed nerve roots. This may require further surgery.

- Deterioration of other discs. This may require further surgery.
- Instability of the spine or abnormal alignment may occur. This may require further surgery.
- Leakage of cerebrospinal fluid. This may require further surgery.
- The pedicle screw may injure the nerve root causing pain and/or weakness. This may be permanent.
- Inadequate placement of the pedicle screw. This would require further surgery.
- The metal rods or screws may break whilst the bone is healing or fusing. This may require further surgery.
- The bone may not heal or fuse. This may cause pain and require further surgery.
- Visual disturbance. This may be temporary or permanent.
- 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.
- 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 (< 1%) include:

- Paraplegia. This may require further surgery. This may be temporary or permanent.
- Injury to major blood vessels. This will require further *urgent* surgery.
- 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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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**
- Lumbar Decompression & Pedicle Screw 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

_____ 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

Consent Information - Patient Copy

Lumbar Decompression and Pedicle Screw Fusion

1. What is a Lumbar Decompression and Pedicle Screw Fusion?

This procedure is performed to relieve pressure on the fibrous sheath which contains the spinal nerves and stabilises the spine from slipping forward.

X-rays will be taken during surgery to determine the correct levels of surgery.

A cut is made down the middle of the back, over the decompression site. To decompress the spine, the muscles are stripped from the bones at the back of the spine. The bones on the back of the spine (spinous process and laminae) maybe removed from the spine to relieve pressure.

Following the decompression, supporting screws are inserted into the pedicles of the vertebrae which require support. Sometimes, a computer navigation system is used for screw placement.

X-rays are taken to ensure the screws are in the correct place. The screws are then joined together with a number of rods and nuts.

A separate cut may be made over the hip to harvest some hip bone. Harvested bone is sometimes mixed with a bone substitute. It is then packed along the sides of the rods to fuse the spine.

A small plastic tube (drain) may be inserted to allow any residual fluid to be drained away. This will be removed within 24 to 48 hours.

The cut is closed with stitches 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 cannula site. This may require treatment with antibiotics.
- Pain from the bone graft site of the hip. This usually settles in time.

Uncommon risks and complications 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.
- Nerve root injury causing a weakness in foot movement which may affect mobility. This may be temporary or permanent.
- Bladder or bowel problems due to nerve root injury. This may be temporary or permanent.
- Injury to the covering of the spinal cord. This may require further surgery.
- Ongoing persistent back and leg pain, with possible leg numbness due to nerve damage from compressed nerve roots. This may require further surgery.
- Deterioration of other discs. This may require further surgery.
- Instability of the spine or abnormal alignment may occur. This may require further surgery.
- Leakage of cerebrospinal fluid. This may require further surgery.
- The pedicle screw may injure the nerve root causing pain and/or weakness. This may be permanent.
- Inadequate placement of the pedicle screw. This would require further surgery.
- The metal rods or screws may break whilst the bone is healing or fusing. This may require further surgery.
- The bone may not heal or fuse. This may cause pain and require further surgery.
- Visual disturbance. This may be temporary or permanent.
- 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.
- 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 include:

- Paraplegia. This may require further surgery. This may be temporary or permanent.
- Injury to major blood vessels. This will require further *urgent* surgery.
- 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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