Coastal NeuroSurgery P.A.

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ANTERIOR CERVICAL DISCECTOMY WITH FUSION CONSENT FORM

Name:

You have been scheduled for an anterior cervical discectomy at _____with possible iliac crest bone graft fusion. Your surgery is scheduled for _____. The surgery involves making an incision in the front of your neck and dissecting down to the bone and disc and removing the disc that is compressing the spinal cord and spinal nerves. After the disc is removed, a second incision is made over your anterior iliac crest in order to harvest a bone graft, which will be placed where the disc was removed in order to allow a fusion to take place between the bones. If your own bone is not of good quality, donor bone from another person (bone bank) may be used. A metal plate and screws may be placed if the spinal column is felt to be unstable. After the surgery your neck will be immobilized in a hard collar for a minimum of six weeks in order to allow the bones to fuse. If narcotic pain medications are necessary I will prescribe them only in the immediate pre-operative treatment time leading up to the surgery and in the immediate post-operative recovery period but I will not continue them for more than 3 months following the surgery.

As with any surgery, there are risks that may occur during the surgery and in the postoperative period, including but 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.
4. Persistent symptoms, worsening of symptoms or lack of benefit from the surgery: As with any surgery there is a never a 100% guarantee that all or any of your symptoms will be completely resolved. There may already be permanent damage to your nerves or spinal cord, which may not improve, at all in the postoperative period.
5. Cerebral spinal fluid leaks: During the surgery the covering over the spinal cord (dura) may tear and cause a leakage of spinal fluid. Typically the tear is repaired 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 be 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. Typically, the leakage will stop with non-operative measures.

6. 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.
7. Persistent pain and numbness at the graft donor site at your hip and leg.
8. Injury to the soft tissues and neurovascular structures in the neck including the carotid artery, jugular vein, vagus nerve, recurrent laryngeal nerve (vocal cord paralysis), vertebral artery, trachea and esophagus. Swallowing difficulty can be increased with use of an anterior metal plate.
9. Failure of a bony fusion to occur (nonunion/pseudoarthrosis) requiring re-operation.
10. Extrusion or migration of bone graft, which may require re-operation.
11. Abnormal scar tissue formation in neck or iliac crest region.
12. Misplacement of screws, breakage of screws or plate requiring re-operation if symptoms occur.
13. Formation of a blood clot over the spinal cord (epidural hematoma) requiring re-operation.
14. Risks of anesthesia: Adverse reaction to anesthesia given or any medication given during the surgery.
15. Deep venous thrombosis (blood clot in legs), pulmonary embolism.
16. Pressure sores or nerve injuries that may occur from positioning on the OR table even though every effort is made to pad these areas. This may be temporary or permanent.
17. Heart attack, stroke, coma and death.

I acknowledge that I have read the above consent form and all options and alternative treatments were discussed to 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 the above risks and possible complications and wish to proceed with surgery.

1. For one week prior to surgery: no Aspirin, Plavix, clopidogrel, Coumadin, warfarin, Fish Oil, Flax seeds, nutrient supplement pills, Vitamin E, Co-Q-10, Lovaza or anti-inflammatory medications such as Advil, Motrin, Aleve, Ibuprofen or Naprosyn.
2. No medicines for erectile 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:

Signed: _____ Date: _____