Coastal NeuroSurgery P.A.

RICHARD C. HARTWELL, M.D., Ph.D.
Diplomate American Board of Neurological Surgery

9 Hospital Drive Suite C10
Toms River, New Jersey 08755
Telephone (732) 341-1881
Facsimile (732) 505-4453

www.CoastalNeuroSurgeryNJ.com

LUMBAR SPINAL FUSION CONSENT FORM

Name:

You have been scheduled for a lumbar decompression and posterior spinal fusion with instrumentation and bone graft fusion and possible placement of a bone stimulator. Your surgery is scheduled for _____. The surgery involves making an incision in your lower back, removing the bone and ligaments over the spinal sac in order to free up the nerves that are being compressed in your spinal canal. The surgery may also involve removing part of one or more discs if it is found that it is pressing on your nerves. Once your nerves are free, the fusion portion of the surgery will take place. Screws will be placed into the pedicles of the lumbar and/or sacral bones and rods will be attached to the screws to hold the bones in place. Next the bone grafts, which are obtained from the bones removed from your spine as well as donated bone from other people (allograft) from the Red Cross, will be placed along side the lumbar and sacral bones in order to obtain a bony fusion. A bone stimulator, which consists of two electrodes and a battery pack, may be placed on the bone graft to stimulate the bone to grow. The bone stimulator and battery pack, as well as the rods and screws are permanently placed and typically are not removed except in the case of an infection or screw breakage. 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 are not limited to:

1. Blood loss and the need for transfusion: This type of surgery typically has a fair amount of blood loss, which may require a blood transfusion. It is recommended that you donate your own blood to the Red Cross prior to the surgery. In addition, during the surgery a cell saver may be used to collect blood, which is lost during the surgery, and transfuse it back to you. Even with these measures you may still require to receive a transfusion from blood donated by others to the Red Cross. The blood is carefully screened for AIDS (HIV) and hepatitis but there are risks of you developing such infection 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 that may be temporary or permanent.
4. Persistent symptoms, worsening of symptoms or lack of benefit of the surgery: As with any surgery there is never a 100% guarantee that all or any of your symptoms will be completely resolved. There may already be permanent damage to your nerves, which may not improve at all in the postoperative period.
5. Cerebral spinal fluid leaks: During the surgery the covering over the nerves (dura) may tear and cause a leakage of spinal fluid. Typically the tear is repaired with a suture 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 the 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.

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.
7. Misplacement of screws, breakage of screws or rods requiring re-operation in the future if symptoms occur.
8. Failure of a bony fusion to occur (nonunion/pseudoarthrosis) requiring re-operation.
9. Deep venous thrombosis (blood clot in legs), pulmonary embolism.
10. Formation of a blood clot over the spinal nerves (epidural hematoma) requiring re-operation.
11. Pressure sores over the chest wall, breasts, nipples and iliac crest with skin blisters and burns that may occur from the positioning on the OR table even though every effort is made to pad these areas. These may be temporary or permanent.
12. Pressure injury to nerves in the brachial plexus (brachial plexitis) and lateral femoral cutaneous nerves (meralgia paraesthetica) which may occur from positioning on the OR table even every effort is made to pad these areas. This may be temporary or permanent.
13. Risks of anesthesia: Adverse reaction to anesthesia given or any medication given during the surgery.
14. Heart attack, stroke, coma and death.

I acknowledge that I have read the above consent form and all options and alternative treatments were discussed with 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 the 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 one week prior to surgery.
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: _____