

Coastal NeuroSurgery^{P.A.}

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LUMBAR MICRODISCECTOMY CONSENT FORM

Name:

You have been scheduled for a lumbar microdiscectomy at the _____ levels, also referred to as a hemilaminotomy, discectomy, foraminotomy. Your surgery is scheduled for _____. The surgery involves making an incision in your lower back, removing a small portion of the bone and ligament over the spinal sac and nerve, which is being compressed, and removing the disk material that is pressing on the nerve. 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 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 which may be temporary or permanent.
4. Persistent symptoms, worsening of symptoms or lack of benefit from 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. Recurrent disk herniation: There is a possibility that after your surgery you may rupture more disk material out from the same level which would require further surgery in the future.
7. Future spinal instability: There is a possibility that the surgery may destabilize your spine in the future and you may require a spinal fusion at that time.

8. Deep venous thrombosis (blood clot in legs), pulmonary embolism.
9. Formation of a blood clot over the spinal nerves (epidural hematoma) requiring re-operation.
10. 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.
11. Pressure injury to nerves in the brachial plexus (brachial plexitis) and lateral femoral cutaneous nerves (meralgia paresthetica), which may occur from position on the OR table even though every effort is made to pad these areas. This may be temporary or permanent.
12. Risks of anesthesia: Adverse reaction to anesthesia given or any medication given during the surgery.
13. 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: _____