

CONSENT FOR ANTERIOR CERVICAL DISCECTOMY + / - FUSION WITH AUTOLOGOUS BONE GRAFT / INTERBODY GRAFT

I have discussed the operative procedure of anterior discectomy with / without fusion with the patient. I have explained the operative procedure with its intended benefits of pain relief, halting further neurological deterioration due to both myelopathy and / or radiculopathy, as well as allowing improvement. You should be reassured that the benefits of surgery outweigh the risks of complications of the operation.

I have also discussed the risk of potential complications, in particular alluding to:

Failure of symptoms to resolve.

Progression of neurological symptoms and loss of function.

Spinal cord injury and nerve root injury.

This can result in increased weakness in the arms and legs and/or sensory disturbance with sensory loss or parasthesiae in the limbs and urinary incontinence due to sphincteric weakness but the risk of this resulting in a permanent and significant functional neurological disability (paralysis) is very rare, with a risk of less than 1%. This may be due to direct injury or compression from a haematoma.

Recurrent laryngeal nerve injury causing a hoarse voice.

Paratracheal haematoma – this may cause acute respiratory obstruction.

Dysphagia.

Dural tear causing CSF leak.

Wound and disc space infection.

Graft failure – Extrusion, non – union, pseudoarthrosis

Spinal instability and post – op kyphotic deformity which may cause increase neck pain.

Local donor site discomfort if a bone graft is harvested.

Wrong level surgery : With appropriate intra - operative imaging undertaking the operation at the wrong disc level should be considered as an extremely rare complication.

Some of these complications may necessitate further surgery.

Signature
Consenting Neurosurgeon

Signature
Consenting Patient

Please print name

Please print name

Date :