

## CONSENT FOR LAMINECTOMY FOR EXTRA / INTRADURAL TUMOUR

I have discussed the operative procedure with the patient. I have explained the operative procedure with its intended benefits of pain relief, halting neurological deterioration, as well as possibly improving function and obtaining a histological diagnosis from tissue samples.

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

Spinal cord injury which may result in either a permanent or temporary increase in neurological deficit manifest as limb and bladder paralysis and sensory loss, and erectile dysfunction This may occur as a result of direct mechanical injury ,compression from haematoma or ischaemia.

Failure of symptoms to resolve or recur.

Dural tear causing CSF leak.

Infection : Wound, subdural or extradural abscess / empyema

Nerve root / Cauda equina injury. This can result in increased weakness in the foot, and/or sensory disturbance with sensory loss or parasthesiae in the foot, and urinary incontinence due to spincteric weakness but the risk of this resulting in a permanent and significant functional neurological disability is very rare, with a risk of less than 1%. This may be due to direct root injury or compression from a haematoma.

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

Post – operative back pain : This may rarely be due to spinal instability and a development of either a kyphosis or spondylolisthesis.

Post - operative urinary retention which may require the insertion of an indwelling urinary catheter for a few days.

Failure to obtain a definitive tissue diagnosis

Incomplete tumour removal.

Failure of spinal instrumentation if considered to treat or prevent spinal instability.

Some of these complications may necessitate further surgery.

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Signature  
Consenting Neurosurgeon

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Signature  
Consenting Patient

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Please print name

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Please print name

Date :