

CONSENT FOR LUMBAR MICRODISCECTOMY

I have discussed the operative procedure of lumbar microdiscectomy with the patient. I have explained the operative procedure with its intended benefits of pain relief, with an approximately 90% chance of being pain free within 12 weeks of the operative procedure.

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

Failure of symptoms to resolve.

This may be due 'failed back surgery syndrome' . The causes for this may be due to persistence of disc protrusion, recurrence of disc protrusion or symptomatic epidural fibrosis. The latter may be the cause of symptoms several months following the procedure.

I have explained that the risk of a recurrent lumbar disc protrusion is approximately 5% within ten years, with perhaps an increased risk of recurrence in the early period following the surgery as opposed to later.

Other complications that I have discussed include:

Dural tear causing CSF leak.

Wound and disc space infection.

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 sphincter 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 disc level should be considered as an extremely rare complication.

Spinal instability – A transfacetal approach if utilised for a far lateral approach may potentially cause instability

Some of these complications may necessitate further surgery.

Signature
Consenting Neurosurgeon

Signature
Consenting Patient

Please print name

Please print name

Date :