

Patient Consent for Lumbar Decompression Procedure



(Laminectomy, hemi-laminectomy, micro-discectomy, foraminotomy, hemi-facetectomy)

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS

Name: _____ Date of Birth: _____

Physician: **Dr. Amit Bhandarkar**

The planned procedure:

Diagnosis: _____

After careful consideration, I have decided to undergo surgery to try to lessen my pain and disability. I authorize Dr. Bhandarkar and any assistants as may be selected and supervised by him to perform my surgery. I understand that Amit W Bhandarkar M.D. is my doctor and that he will participate in and supervise my hospital and surgical care. I understand that, in his absence, other designated physicians and/or assistants might be involved in my follow-up care. I acknowledge and understand that the above procedure or treatment has been explained to me (sometimes referred to as the patient) in layman's terms. This information is given to me so that I can make an informed decision about having a lumbar spinal decompression procedure to treat my spine related pain and stenosis. I also acknowledge that I had the opportunity to ask for clarifications and all my questions have been answered to my utmost satisfaction.

Lumbar decompression surgery is a procedure used to treat persistent pain and/or numbness in the low back and/or legs caused by pinched nerves in the spine. It is only performed when non-surgical therapies haven't improved symptoms.

Surgical Steps

General anesthesia is used to keep you asleep and comfortable during the procedure.

Exposure- An optimal incision is made to the low back at the level identified to be causing the problem.

Decompression comprises of discectomy – which means removal of the ruptured disc.

foraminotomy ---An optimal portion of the bone over the nerve root (where the nerve exits the spinal cord) and/or disc material from under the nerve root is removed to give the nerve root more space and provide a better healing environment.

Decompression may also involve removal of synovial cyst or bone spurs.

Generally, the surgery itself takes at least 1- 2 hours but can take longer if there are multiple levels or higher complexity.

Instrumentation

There is typically no instrumentation that remains in the spine after decompression alone. If the patient's spine is rendered unstable during the decompression and intraoperative decision to instrument the spine can be made. This is usually done by Pedicular screws and rods.

Interspinous stabilization may be used to stabilize the segment to help the patient with back pain and increase the room for the exiting nerve roots if the patient's bone strength is appropriate.

Expected outcomes

The goal of decompression surgery is to improve or eliminate symptoms caused by pressure on the nerve root(s). Some patients have instant pain relief and patients wake up after the surgery feeling significant relief of their leg pain. Symptoms such as weakness and /or numbness can sometimes take time to improve depending on how much damage the pressure caused to the nerve. Sometimes symptoms may improve but do not ever go away completely. This procedure is more likely to help the leg pain as compared to back pain. Some patients may actually get back pain after the procedure.

Risks/Complications

The following are some but not all the risks associated with this procedure.

General anesthesia:

Risks of cardiac arrest/ failure, pulmonary failure and/ or death.

Nerve, spinal cord complications

Nerve root injury which could result in: numbness/ tingling/ pain in one or both legs, weakness in one or both legs, loss of bowel, bladder and/or sexual function.

Scarring around nerve roots (epidural fibrosis/ arachnoiditis) which could result in intractable and untreatable leg pain/ numbness.

Dural tear (cerebral spinal fluid leak) which if unrecognized or persistent despite repair could result in headaches, and/ or need further surgical care.

Other Spine related complication

Continued pain after surgery due to failure of the procedure to relieve pre-operative complaints of pain.

Progression of spinal stenosis at the same or other levels.

Instability may occur after decompression which might need fixation with instrumentation at the same time or subsequently by a different surgery.

If patient got instrumentation and /or an Interspinous stabilizing device as a part of the decompression procedure there is a chance the device (s) might fail requiring re-surgery.

After discectomy there is a approximately 5-15% chance of further re- herniation of the disc at the same level which may cause further increase in pain and might warrant other surgery for treatment.

Wound complications:

Superficial (skin) infection which could result in: need for additional antibiotics or possibly further surgery.

Deep (below the skin) infection which could result in: abscess formation, bone infection or infection of the spinal cord or nerve roots that could result in paralysis and/or death. *Deep infection would result in need for additional surgery(s) and might seriously jeopardize the expected result of the surgery. There may be a need for prolonged IV antibiotics.

Dehiscence or re-opening of the wound after closure. Can increase the risk for infection and will need to be examined for treatment including repeat surgical closure.

Blood Loss & replacement

Blood loss during or after surgery can result in the need for blood transfusion or replacement.

Blood from the blood bank would be used and although rare can expose you to the risk of blood borne disease such as hepatitis and AIDS.

Other risks of blood transfusions are allergic reactions, break down of Red blood cells, fever , itching.

Injury to other structures (< 1%)

Injury to major blood vessels. This will require further urgent surgery.

Injury to Ureter/ or other abdominal organs are possible while doing discectomy.

Wrong level Surgery

Due to limitations of imaging and body habitus occasionally wrong level might be operated, necessitating further treatment.

General surgical complications:

Atelectasis - mechanical pneumonia

Pulmonary embolus (blood clot in the lungs) which can lead to death.

Deep vein thrombophlebitis (blood clot in the leg).

Complications related to urinary catheter.

Urinary tract infection, sepsis/death.

Heart attack due to strain on the heart

Stroke or transient ischemic episodes (TIAs)

Minor pain, bruising and or infection from IV cannula site.

Other potential complications:

Erectile dysfunction.

Swelling.

Visual disturbance temporary or permanent

Gastrointestinal bleeding from the stress of surgery.

* There are many more complications that could occur but they occur so infrequently that are not listed or discussed.

Complication prevention:

It is important for you to follow all the instructions provided to you by your surgeon and other care providers. Instructions are provided to assist you in your recovery and reduce the risks of surgical complications. Knowing the complications to be aware of and signs of potential complications help you to identify any problems early. Early discovery and intervention can potentially reduce the severity of complications if they do occur.

General complication prevention strategies: Pre-op

Reduce pre-operative anemia by taking oral iron supplements. This can reduce the need for blood transfusions/replacement

Maintain good blood sugar control if you are diabetic. Elevated blood sugar can increase your risks for infection. Impair your wound healing. Increase the potential for organ failure such as kidneys.

Maintain good nutritional status before your surgery. This will help your immune system to aid in healing after surgery.

Stop smoking. Smoking can increase your risk of infection. Smoking can increase your risk of blood clots. Smoking can increase your risk of pneumonia. Smoking can impair oxygen to your wound causing delayed or poor healing of the incision. Smoking can increase the risk of surgical failure.

Alternatives to Proposed Surgical Care:

Rest and anti-inflammatory medications

Exercise/physical therapy/re-conditioning

Spinal Bracing/acupuncture/chiropractic care

I understand that alternative methods of treating my condition(s) exist. They have been considered and discussed, but at the present time, my choice is to proceed with the surgical lumbar neuro-decompression. If I choose not to have the procedure, I have been informed that my prognosis (my future medical condition) is still fair

Implants, devices and/or pharmacologic agents may be used in a manner considered to be an "off-label use" by the FDA. "Off-label use" refers to using a drug, implant or device for a reason not specifically approved by the FDA. The decision of whether or not to use an implant, device or pharmacologic agent for an off-label use is a matter of medical judgment.

I understand that the practice of medicine is not an exact science and that no guarantees or assurances have been made to me concerning the results of this procedure or treatment.

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I understand that during the course of the procedure or treatment described above it may be necessary or appropriate to perform additional procedures or treatments that are unforeseen or not known to be needed at the time this consent was given. It may also be necessary or appropriate to have diagnostic studies, tests, anesthesia, x-ray examinations and other procedures performed in the course of my treatment. I consent to and authorize the persons described herein to perform such additional procedures and treatments, as they deem necessary or appropriate.

I consent to the taking of photographs or the use of video recording equipment during the procedure for the purpose of medical education.

For women only: I represent to my physician that I am not pregnant nor am I breast feeding at this time, and understand that there are risks of sedation or of the procedure to an unborn child.

I have been counseled regarding the nature of the condition for which surgery is proposed. I understand the alternative(s) to surgery. The basic steps of the proposed procedure, the advantages, disadvantages, risks, possible complications, and alternative treatments have been explained and discussed with me by **Dr. Amit Bhandarkar**. I understand that there can be no guarantees on a surgical outcome or that a surgical complication will not occur. I understand that the proposed surgical procedure may not completely relieve all the pain I am experiencing and that the possibility exists that the pain I currently have could be the same or worse after the surgery.

Patient or Authorized person

Signature

Date

Relationship to patient if authorized person signature