

Hospital Logo

Patient Identification Label

Consent for Open Discectomy

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition
 The doctor has explained that I/my child/myhave the following medical condition:

 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

 I authorise Dr. and his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

Introduction
 The surgeon will perform the procedure under general anaesthesia. The surgeon will make an approximate one-inch incision (cut) in the skin over the affected area of the spine. The surgeon will remove muscle tissues from the bone above and below the affected disc and will use retractors to hold the muscle and skin away from the surgical site. This will give the surgeon a clear view of the vertebrae, disc and surrounding structures.
 The surgeon will remove the section of the disc that is protruding from the disc wall and the disc fragments that may have been expelled from the disc. This is often done under magnification. No material will be used to replace the disc tissue that is removed. The surgeon will then close the incision with sutures and you will be taken to a recovery room.

Consent for Blood Transfusion
 Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Consent for Anaesthesia
 Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Intended Benefits (To be documented by doctor)	Risks and Complications (To be documented by doctor)	Patient Specific Risks (To be documented by doctor)
<ul style="list-style-type: none"> ▪ It may improve or eliminate leg pain caused by a pinched nerve from a disc herniation. ▪ Others, if any specify: 	<ul style="list-style-type: none"> ▪ Temporary or permanent nerve root injury that causes a weak ankle ▪ Injury to the nerve covering (dura) with leakage of cerebro-spinal fluid that can cause meningitis and poor wound healing. This may need treatment with antibiotics and further surgery. ▪ Further disc prolapse at the same level or other levels in the spine. This will cause pain and may need further surgery. ▪ Paraplegia (paralysis of the lower half of the body) which may be temporary or permanent and may require further surgery. ▪ Infection in the wound causing redness, pain and possible discharge or abscess. ▪ Possible bleeding into the wound with swelling and bruising and possible blood-stained discharge. ▪ The wound may not heal normally. The wound can thicken and turn red (keloid scar) and the scar may be painful. ▪ Persistent back and leg pain, with possible leg numbness due to nerve damage from the disc prolapse. ▪ In obese people/smokers, there is an increased risk of wound infection, chest infection, heart and lung complications and thrombosis. ▪ Others, if any specify: 	<ol style="list-style-type: none"> 1) 2) 3) 4)

Consent for Open Discectomy

Likelihood of the Procedure

- Around 80% to 90% of the cases treated with open discectomy have shown good results. People with radicular pain, that is pain that runs down the legs, may have more pain relief than those who undergo open discectomy for low back pain.
- To maximize effectiveness, open discectomy is reserved for people who are experiencing buttock and leg pain or weakness that is persistent, severe and/or disabling.

Alternatives (To be documented by doctor)

- Nonsurgical treatment options like:
 - Medications
 - Rest
 - Physical therapy
 - Epidural injections
- Others, if any specify:

Specific Notes Related to Procedure (Strike out if not required)

Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)

Patient's Authorisation

- The doctor has explained my/the patient's medical condition and proposed treatment/procedure. I/we have been explained and have understood the intended benefits/risks known to be attached with the planned treatment/procedure including the risks that are specific to me/the patient and their likely outcomes.
- The doctor has explained other relevant/alternate treatment options and their associated benefits/risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
- I was able to ask questions and raise concerns with the doctor about the procedure and its benefits/risks and my/patient's treatment options. My queries and concerns have been discussed and answered to my full satisfaction.
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
- I understand that if organs or tissues are removed during the surgery that these may be retained for prescribed tests and shall be disposed of sensitively by the hospital as per the regulatory provisions.
- The doctor has explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above-named physician/surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants.
- I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.
- I understand that I have the right to refuse treatment before surgery/procedure. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital and I shall be solely responsible for the outcome of such refusal.

- I consent to if any photographing or television of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However, suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. Yes No
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. Yes No

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Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:
Declaration by the Doctor I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.				
Name and Signature of the Doctor with Reg No:			Date and Time:	