



Dr R E Pope

Anterior Lumbar Interbody Fusion (ALIF)

Facility: Mater Hospital

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F

A. Interpreter / cultural needs

An Interpreter Service is required? Yes No

If yes, is a qualified Interpreter present? Yes No

A Cultural Support Person is required? Yes No

If yes, is a Cultural Support Person present? Yes No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

This condition requires the following procedure. *(Doctor to document - include site and/or side where relevant to the procedure)*

This procedure is performed to relieve pressure on the fibrous sheath which contains the spinal nerves and stabilises the spine from slipping forward.

C. Risks of this procedure

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- Constipation or bloating due to an Ileus ("lazy bowel"). This usually settles in time.

Uncommon risks and complications include:

- Bleeding can occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Heart attack due to the strain on the heart.
- Stroke or stroke like complications may occur causing neurological deficits such as weakness in the face, arms and legs. This could be temporary or permanent.
- Nerve root injury causing a weakness in foot movement which may affect mobility. This may be temporary or permanent.
- Damage to the contents of the abdomen such as the bowels or blood vessels that may require additional surgery.

- Bladder or bowel problems due to nerve root injury or the surgical approach. This may be temporary or permanent.
- Injury to the covering of the spinal cord. This may require further surgery.
- Ongoing persistent back and leg pain, with possible leg numbness due to nerve damage from compressed nerve roots. This may require further surgery.
- Deterioration of other discs. This may require further surgery.
- Leakage of cerebrospinal fluid. This may require further surgery.
- The cage may injure the nerve root causing pain and/or weakness. This may be permanent.
- Inadequate placement of the Cage. This would require further surgery .
- The plate or screws may break whilst the bone is healing or fusing. This may require further surgery.
- The bone may not heal or fuse. This may cause pain and require further surgery.
- Visual disturbance. This may be temporary or permanent.
- Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

Rare risks and complications include:

- Paraplegia. This may require further surgery. This may be temporary or permanent.
- Injury to major blood vessels. This will require further urgent surgery.
- Death as a result of this procedure is very rare.
- Retrograde ejaculation (inability to deliver sperm/semen out through the penis due to damage to the nerves that control valve sphincters during the approach. Pre-op sperm donation may need to be discussed in certain cases.
- Sympathetic nerve dysfunction that may result in one or both legs feeling unusual temperature changes such as a warm leg or colour changes and even swelling.
- The nerves that control this are around the front of the spine where the operation is performed and can be damaged in rare cases.
- It may be permanent but improves in most cases.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

Procedural consent form



Dr R E Pope

Anterior Lumbar Interbody Fusion (ALIF)

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E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I have been given the following Patient Information Sheet/s;

- About your Anaesthetic
- Anterior Lumbar Interbody Fusion

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed

procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

- I understand I have the right to change my mind at any time before the procedure, including after I have signed this form but, preferably following a discussion with my doctor.

On the basis of the above statements,

I request to have the procedure

Name of Patient/
Substitute decision
maker and relationship:

Signature:

Date:

Substitute Decision-Maker: Under the *Powers of Attorney Act 1998* and/or the *Guardianship and Administration Act 2000*. If the patient is an adult and unable to give consent, an authorised decision-maker must give consent on the patient's behalf.

H. Doctor's statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of
Doctor:

Designation:

Signature:

Date:

Name of
Anaesthetist:

Designation:

Signature:

Date:

I. Interpreter's statement

I have given a sight translation in

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(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of
Interpreter:

Signature:

Date:



Consent Information - Patient Copy

Anterior Lumbar Interbody Fusion

1. What is an Anterior Lumbar Interbody Fusion?

This procedure is performed to relieve pressure on the fibrous sheath which contains the spinal nerves and stabilises the spine from slipping forward.

X-rays will be taken during surgery to determine the correct levels of surgery.

A cut is made down the lower abdomen, over the decompression site. To decompress the spine the abdominal contents are swept to one side and the vertebral column is exposed. The blood vessels need to be retracted to access the disc space and the disc is partially removed to free up the nerves at the back and to accommodate a cage filled with synthetic bone material. This will restore the normal height and allow a fusion to occur between the bones. A plate with some screws will be placed over the top to secure the cage.

Occasionally another operation may need to be done either before or after this one on the back of the spine, but X-rays are taken to ensure the screws are in the correct place.

A small plastic tube (drain) may be inserted to allow any residual fluid to be drained away. This will be removed within 24 to 48 hours.

The cut is closed with stitches or staples.

2. My anaesthetic

This procedure will require a General Anaesthetic.

See **About your Anaesthetic** information sheet for information about the anaesthetic and the risks involved. If you have any concerns, talk these over with your doctor.

If you have not been given an information sheet, please ask for one.

3. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- Pain from the bone graft site of the hip. This usually settles in time.

Uncommon risks and complications include:

- Bleeding can occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Heart attack due to the strain on the heart.
- Damage to the contents of the abdomen such as loops of bowel or blood vessels that may require additional surgery.

- Stroke or stroke like complications may occur causing neurological deficits such as weakness in the face, arms and legs. This could be temporary or permanent.
- Nerve root injury causing a weakness in foot movement which may affect mobility. This may be temporary or permanent.
- Bladder or bowel problems due to the approach or due to nerve root injury. This may be temporary or permanent.
- Injury to the covering of the spinal cord. This may require further surgery.
- Ongoing persistent back and leg pain, with possible leg numbness due to nerve damage from compressed nerve roots. This may require further surgery.
- Deterioration of other discs. This may require further surgery.
- Leakage of cerebrospinal fluid. This may require further surgery.
- The cage may injure the nerve root causing pain and/or weakness. This may be permanent.
- Retrograde ejaculation in males and inability to ejaculate semen through the penis (In some cases, sperm may need to be stored or frozen to enable having children). This is very rare.
- The metal plate or screws may break whilst the bone is healing or fusing. This may require further surgery.
- The bone may not heal or fuse. This may cause pain and require further surgery.
- Visual disturbance. This may be temporary or permanent.
- Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

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- Sympathetic nerve dysfunction that may result in one or both legs feeling unusual temperature changes such as a warm leg or colour changes and even swelling.
- The nerves that control this are around the front of the spine where the operation is performed and can be damaged in rare cases.
- It may be permanent but improves in most cases.

Notes to talk to my doctor about

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