

***Consent for Lumbar Spine Discectomy Surgery***  
***at*** \_\_\_\_\_

Patient Name: \_\_\_\_\_

***Patient Diagnosis:***

- **Lumbar Disc Herniation** (rupture of the disc)
- **Lumbar Degenerative Disc Disease** (wear and tear on the disc(s) which has accumulated over the years)
- **Lumbar Spondylosis** ( bony spurs)
- **Lumbar Joint Synovial Cyst** (A fluid-filled cyst that grows from the joint, pinching the nerve.)
- **Lumbar Foraminal Stenosis** (narrowing of the openings on the sides of the spine where the nerves serving the back and legs exit the spine, causing pressure on the nerves)
- **Sciatica** (pain from pinching of the nerve which goes from the back into the leg)
- **Low Back Pain**
- **Lumbar Degenerative Joint Disease.** (wear and tear on the joints which has accumulated over the years)

***The Procedure***

**Lumbar Discectomy** is typically performed to relieve pain, numbness, and/or weakness in the legs and hips, and sometimes pain in the lower-back region, that is due to pressure on the nerve from a ruptured (herniated) disc, bone spur, thickened ligament, and/or a synovial cyst.

***I understand that my surgeon will perform the following type(s) of surgery:***

- **Excision of the Lumbar Disc** - This procedure is intended to relieve pressure on the nerve roots that results from a disc rupture (herniation). During the procedure, the surgeon removes the ruptured/extruded fragments of the disc through an incision in the lower back. The disc is a rubbery mass of tissue that acts as a natural shock absorber between the bones of the spine.
- **Foraminotomy** - This procedure removes any blockage in the opening on the side of the spine where the nerve passes through to the hip/leg.
- **Removal of the Synovial Cyst** – This procedure removes the cyst growing out of the joint which is pinching the nerve.

### *Alternatives*

I have considered the non-surgical alternatives to lumbar spine discectomy surgery, which include:

- Not having the procedure, with the expectation that this condition will improve with time.
- Using medication for the relief of pain or muscle spasms (pain pills, muscle relaxers, anti-inflammatory pills)
- Undergoing physical therapy to strengthen the lower-back muscles, which may relieve the symptoms
- Steroid injections around the nerves to reduce swelling and inflammation in hopes of relieving symptoms
- Acupuncture
- Lumbar Traction Therapy (disc decompression)
- Mind-body medicine
- Chiropractic treatments
- Lifestyle modification
- Nutritional modification/supplements
- Hypnosis
- Interactive guided imagery

### *Risks of non-surgical options include, but are not limit to:*

- Continued pain that may worsen and is not relieved with medications or other treatments
- Possible worsening of the numbness or tingling which can become permanent
- Possible worsening of the weakness which can become permanent
- Possible atrophy (shrinkage of the muscles) which may become permanent
- Allergic or other adverse reactions to the steroid injections or medications
- Nerve damage, spinal cord damage, or paralysis from the steroid injections
- Nerve damage from continued, prolonged pressure on the nerves
- Prolonged or worsening of the pressure on the nerves and/or spinal cord resulting in paralysis
- Difficulty/incoordination with walking as a result of pressure on the spinal cord/nerves
- Bowel/bladder dysfunction as a result of pressure on the spinal cord/ nerves
- Nerve or spinal cord damage as a result of an accident, because of the narrowing of the nerve channels

The benefits and disadvantages of these alternative methods have been explained to me, if requested.

### *Risks of Lumbar Spine Surgery*

I agree that the decision to have this procedure includes weighing the risks of surgery as well as the benefits. I understand and accept that the possible risks and complications may include, but are not limited to the following:

- **Adverse reaction to anesthesia** - Both local and general anesthesia involve risk. There is a possibility of a complication, injury or death from all forms of anesthesia and sedation.
- **Bleeding** – It is possible, though unusual, to experience an episode of bleeding, which may be excessive, during or after surgery. Bleeding may require additional treatments, surgery or transfusion of blood or blood products. Certain medications, such as aspirin, anti-inflammatory drugs or blood thinners (Plavix or Coumadin) may increase the risk of bleeding.
- **Blood clot development** - Blood clots may occur with any type of surgery. Clots can cause complications including pain, swelling, inflammation, tissue damage, and/or compression of the spinal cord.
- **Blood vessel damage** - Damage to the aorta or iliac artery/vein can occur.
- **Cardiac complications** - There is a small chance that having the procedure could cause an irregular heartbeat or a heart attack.
- **Continued degeneration of other discs** - As time passes after surgery, there will be further degeneration of the spine from wear and tear or trauma, which may necessitate further surgery.
- **Death** - Although the risk is remote, death may occur during or soon after any surgical procedure.
- **Decreased motion of the back** – The patient may have less motion or more stiffness of the lower-back after surgery.
- **Failure of the procedure** - There is a chance that undergoing lumbar spine surgery will not alleviate the patient's pain, numbness, weakness or other symptoms.
- **Increased pain** - It's possible, though unlikely, that pain or other symptoms will increase in severity following the procedure.
- **Infection** - Infection may occur in the wound, either near the surface or deep within the tissues, and may include the spine, possibly resulting in worsening of pain or paralysis, requiring treatment with antibiotics and/or possible future surgery.
- **Nerve root injury** - Injury to the nerve roots may result in weakness in the leg, paralysis in the affected muscle group, or loss of sensation, increased numbness or tingling in the affected area.
- **Paralysis** - There is a very rare complication of this surgery which may result in temporary or permanent paralysis of the patient's legs that is complete or partial, temporary or permanent.
- **Recurrence** - There is a chance the pain, numbness, weakness or other symptoms in the lower-back/leg region will recur and require additional surgery. The disc may re-rupture, causing a return of symptoms.

- **Respiratory difficulties** - Breathing difficulties (which are usually temporary) or post-operative pneumonia may occur as a result of surgery. Pulmonary embolus (blockage of an artery in the lungs) could occur from the blood clotting in the veins of the legs or abdomen.
- **Scar formation** - Scar tissue forms as a part of the natural healing process after any surgery or injury. In rare circumstances, some patients can form excessive amounts of scar tissue that can be a source of pain.
- **Spinal cord injury** - There is a slight risk of injury to the spinal cord during this procedure, which may result in paralysis, weakness, numbness, or loss of bowel and/or bladder function.
- **Stroke** - Though unlikely, there is a possibility that a stroke may occur during the surgical procedure or recovery period.

***Important Points***

**Allergies/Medications** - I have informed the doctor of all my known medication allergies. I have also informed my doctor of all the medications I am currently taking, including prescription drugs, over-the-counter medications, herbal/homeopathic therapies, nutritional supplements, illicit drugs, and alcohol. I understand the advice I have been given about using any or all of these medications and drugs before or after the procedure.

**Smoking** - It has been explained to me that if I smoke before or after my surgery, I may be impeding my own recovery. I understand that if I smoke, I will have a greater risk of wound healing, complications in general, blood clots in the legs or lungs, and pneumonia.

**Relief of symptoms** - How much pain relief I will have and how quickly it will occur after surgery are impossible to predict. Often, patients will awaken from surgery with their pain gone. Other times, it may take weeks or months to fade away. Some patients are left with pain or numbness that does not completely go away.

**Lifestyle changes** - It will be necessary to make significant changes in my lifestyle and work. Regular exercise (i.e. walking) should become a routine. Taking great care with and minimizing bending, twisting, and lifting is important. I must realize that certain activities may no longer be easy for me to do or may cause pain or re-injury to my spine.

I am aware and accept that no guarantees about the results of the procedure have been made. I recognize that unforeseen conditions may require my surgeon and his associates/assistants to perform different or additional procedure(s) than what has been described above.

***Reaffirmation of Consent:***

I authorize and direct Stephen R. Marano, M.D. and his associates/assistants to perform **Lumbar Spine Discectomy Surgery**. I understand that this procedure is intended to help relieve pain, numbness, and/or weakness that may be associated with a ruptured (herniated) disc in the lower spine.

I affirm that my surgeon has explained all of the information above, that I understand this information, and that all of my questions regarding this procedure have been answered. I certify that I understand the proposed surgical treatment and that I am satisfied with the explanation I have received.

I therefore consent to the Lumbar Spine Discectomy Surgery and to whatever different or additional operations or procedures my surgeon deems necessary or advisable during the course of the procedure.

I consent to the administration of anesthesia by the hospital's anesthesia team. They will explain the anesthetic procedure, risks, and possible complications to me separately.

**Disposal of Tissue** - Tissue removed from the body may be used to confirm or to make a medical diagnosis and will be sent to the pathologist and/or laboratory for diagnosis. I consent to the disposal of any tissue, medical devices, or body parts that may be removed during the procedure, according to hospital policy.

**Photography/Observers** - I give my consent to the photographing or videotaping of the procedure to be performed, including appropriate portions of my body, for scientific, medical, or educational purposes, provided that the pictures do not reveal my identity. Also, in the interest of advancing medical education, I \_\_\_\_\_ agree \_\_\_\_\_ **do NOT agree** to allow qualified observers into the operating room during the procedure.

**Blood transfusion** - I \_\_\_\_\_ **do** \_\_\_\_\_ **do NOT consent** to the transfusion of blood or blood products as deemed necessary by either my doctor or the anesthesia team.

The risks include, but are not limited to:

- Chills
- Fever
- Itching
- Allergic reactions
- Breakdown of red blood cells
- Exposure to diseases such as AIDS, Hepatitis, or others.

These risks exist despite careful testing of blood and blood products. Under some conditions, I may donate my own blood prior to surgery for my use only. Not receiving blood or blood products may endanger my recovery, possibly leading to serious health consequences or even death.

**All blanks on this form were filled in prior to my signature. I have read and understand the content of this form, and I have received a copy of this entire Consent For Lumbar Spine Discectomy Surgery, if requested.**

\_\_\_\_\_  
Signature of Patient or Legal Representative/Date

\_\_\_\_\_  
Relationship (Self, Parent, Legal Guardian, etc.)

\_\_\_\_\_  
Print Name of Patient or Legal Representative/Date

\_\_\_\_\_  
Witness Signature/Date