

Informed Consent for Lumbar Microdiscectomy

Name:	Age: Yrs	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Others
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:

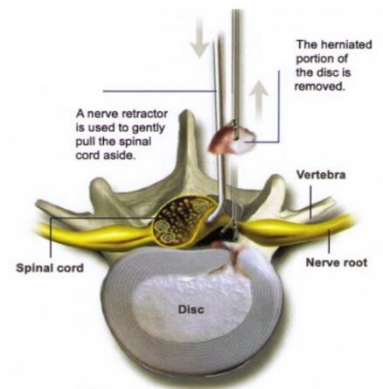
 I authorise Dr. and
 his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

Introduction

Lumbar micro discectomy (LMD) is performed to remove the diseased or the damaged disc material that is putting pressure on the spinal nerves. The surgery is performed under general anaesthesia. You will be placed on your stomach so that the surgery can be done from your back at or near your spine. The surgeon will make a small incision (cut) in your back and move the muscle out of the way to expose your spine.

The surgeon will make a small opening (laminotomy) in your spine. Usually this is done by removing bone with a small drill. Using a microscope, the surgeon will identify the nerves and the disc. The surgeon will remove abnormal disc material that is pressing on your nerve and leave healthy disc in place.

When the surgeon is satisfied that all pressure on the nerves has been removed, the wound will be closed with stitches. The surgeon may put a steroid medication on the nerves to help prevent irritation from the surgery.



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. ▪ It can be done through a very small incision, making it a "minimally invasive" procedure. ▪ The healthy disc material will remain in place and can continue its normal function. ▪ It does not damage neighbouring discs. 	<ul style="list-style-type: none"> ▪ Blood loss ▪ Infection ▪ Damage to the nerve sac, with leak of spinal fluid ▪ Damage to spinal nerves or the spinal cord. In the event of damage to your nerves or spinal cord, you could have permanent pain, numbness or weakness in your legs. ▪ Recurrence of disc herniation. Another piece of disc can break loose and move up against the nerve. If it does, your symptoms may return and you may need more surgery. This can happen any time from a few days to a few years after surgery. ▪ Pain and instability. ▪ Others, if any specify: 	<ol style="list-style-type: none"> 1) 2) 3) 4)

Likelihood of the Success Rate of Procedure

- It relieves leg pain from a disc herniation.
- About 85 to 90 percent of patients who have this surgery feel it was worthwhile. It is, therefore, considered the "gold standard" by which all other disc operations are measured.
- LMD is not effective in treating pure back pain. While leg pain usually improves, low back pain may not improve.

Alternatives (To be documented by doctor)

- Nonsurgical treatment options like:
 - Medications
 - Physical therapy
 - Traction
 - Spinal injections
 - Waiting and watching

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▪ 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

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: