

**Dr R E Pope**  
Beneficence and Nonmaleficence  
Neurosurgeon and Spine Surgeon

## Cervical Laminoplasty

Facility: .....

(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)*

.....

A Cervical Laminoplasty is performed to repair a restricted spinal canal. The procedure creates more space for the spinal cord and nerve roots immediately relieving pressure.

### 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.

**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, Asprin, 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 weak arm/s, or sensory loss. This may be temporary or permanent.

- Ongoing persistent neck and arm pain. This may not improve after surgery and may continue to deteriorate despite surgery.
- Ongoing deterioration in symptoms despite adequate decompression.
- 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:

- Leakage of cerebrospinal fluid. This may require further surgery.
- Instability of the cervical spine, which may require further surgery and fusion.
- Quadriplegia, which may be temporary or permanent.
- Injury to the vertebral artery, which may result in stroke.
- Meningitis may occur requiring further treatment and antibiotics.
- Death as a result of this procedure is very rare.

### D. Significant risks and procedure options

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

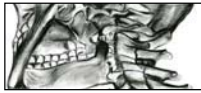
.....  
.....  
.....  
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### E. Risks of not having this procedure

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

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Procedural consent form



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Date of Birth:

Sex: ☐ M ☐ F

### 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.
- a doctor other than the Specialist Neurosurgeon may conduct the procedure. I understand this could be a doctor undergoing further training.

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

- ☐ **About your Anaesthetic**  
☐ **Cervical Laminoplasty**

- 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

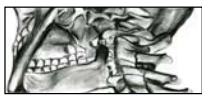
I have given a sight translation in

.....  
(*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: .....



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# Consent Information - Patient Copy

## Cervical Laminoplasty

### 1. What is a Cervical Laminoplasty?

A Cervical Laminoplasty is performed to repair a restricted spinal canal. The procedure creates more space for the spinal cord and nerve roots immediately relieving the pressure.

This method is sometimes called an open door laminoplasty, because the back of the spine is made to swing open like a door.

A cut is made on the back of the neck. Muscles on the back of the cervical spine are stripped from the back of the spine to identify the area of compression.

A groove is cut down one side of the spine to create a hinge.

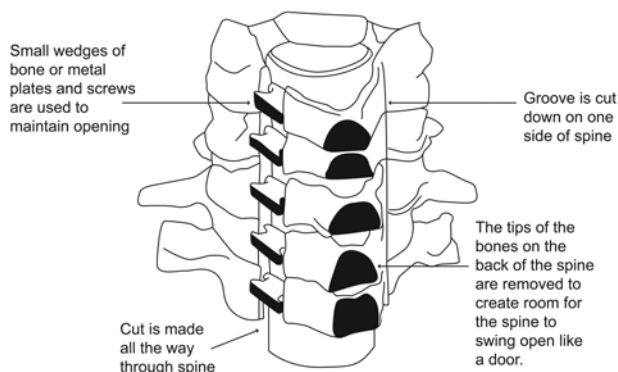
The other side of the spine is cut all the way through.

The tips of the bones on the back of the spine are removed to create room for the spine to swing open like a door.

The back of each spinal bone is opened, taking the pressure off the spinal cord and nerve roots.

Small wedges of bone or metal plates and screws are used to maintain the opening. This allows the bone door from completely closing on the spinal cord.

The cut will be closed with stitches.



Laminoplasty, Herston Multi Media Unit, RBWH, 2009

### 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.

**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).
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**Rare risks and complications** include:

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- Instability of the cervical spine, which may require further surgery and fusion.
- Quadriplegia, which may be temporary or permanent.
- Injury to the vertebral artery, which may result in stroke.
- Meningitis may occur requiring further treatment and antibiotics.
- Death as a result of this procedure is very rare.

### Notes to talk to my doctor about

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