

Cervical Foraminotomy

Address: Facility: Date of

A. Interpreter / cultural needs
An Interpreter Service is required? $\ \square$ Yes $\ \square$ No
If yes, is a qualified Interpreter present? \square Yes \square No
A Cultural Support Person is required? \square Yes \square No
If yes , is a Cultural Support Person present? \square Yes \square 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 Foraminotomy is performed to relieve

C. Risks of this procedure

cervical spinal nerve compression.

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
- 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 that causes 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.

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F. Anaesthetic This procedure may require an anaesthetic. (D	D4		

(Affix patient identification label here)

to document type of anaesthetic discussed)



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Facility:	Date of Birth:	Sex: M	F

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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
- 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

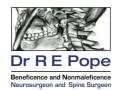
- Cervical Foraminotomy
- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind 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.

Family Name:			
Given Names:			
Address:			
Date of Birth:		Sex: M F	=
Name o	uest to have the of Patient/ cute decision and relationship:	procedure	
Signatu	ıre:		
Date:			
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under the op maker Name o	the Patient Consent binion that the patient has understood the of		
Design	ation:		
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I. Ir	nterpreter's state	ement	
	given a sight transla		

(Affix patient identification label here)

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:



Consent Information - Patient Copy Cervical Foraminotomy

1. What is a Cervical Foraminotomy?

A Cervical Foraminotomy is performed to relieve cervical spinal nerve compression.

An X-ray is taken during surgery and used to confirm the correct level of surgery.

A cut is made in the back of the neck.

A small amount of bone and ligament is removed from the spine on the affected side to gain access to the nerves of the spine.

The structures which are compressing the nerve are removed to create space around the affected nerve.

The cut will be closed with stitches.

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, 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 that causes 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 a 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