

CONSENT FOR LAMINECTOMY FOR EXTRA / INTRADURAL TUMOUR

I have discussed the operative procedure with the patient. I have explained the operative procedure with its intended benefits of pain relief, halting neurological deterioration, as well as possibly improving function and obtaining a histological diagnosis from tissue samples.

I have also discussed the risk of potential complications, in particular alluding to:

Spinal cord injury which may result in either a permanent or temporary increase in neurological deficit manifest as limb and bladder paralysis and sensory loss. This may occur as a result of direct mechanical injury ,compression from haematoma or ischaemia.

Failure of symptoms to resolve or recur.

Dural tear causing CSF leak.

Infection : Wound, subdural or extradural abscess / empyema

Nerve root / Cauda equina injury. This can result in increased weakness in the foot, and/or sensory disturbance with sensory loss or parasthesiae in the foot, and urinary incontinence due to spincteric weakness but the risk of this resulting in a permanent and significant functional neurological disability is very rare, with a risk of less than 1%. This may be due to direct root injury or compression from a haematoma.

Wrong level surgery : With appropriate intra - operative imaging undertaking the operation at the wrong level should be considered as a rare complication.

Post – operative back pain : This may rarely be due to spinal instability and a development of either a kyphosis or spondylolisthesis.

Post - operative urinary retention which may require the insertion of an indwelling urinary catheter for a few days.

Failure to obtain a definitive tissue diagnosis

Incomplete tumour removal.

Failure of spinal instrumentation if considered to treat or prevent spinal instability.

Some of these complications may necessitate further surgery.

Signature
Consenting Neurosurgeon

Please print name

Signature
Consenting Patient

Please print name

Date :