



LUMBAR SPINE SURGERY INFORMED CONSENT FORM



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Revision Cause: Document number has been modified

PATIENT'S

Name Surname:.....

Birthdate :.....

Hospital Admission Date:.....

Hospitalization Date:.....

Protocol Number:.....

Telephone Number:.....

Address:.....

Method:

Lumbar spine surgery is especially performed in the legs or hips to relieve pain, numbness and loss of strength. I understand my surgeon is going to perform one of the following surgical procedures. Please indicate the correct one.

○ **Decompressive Lumbar Laminectomy** : This procedure is done to relieve symptoms caused by the narrowing of the spinal canal called spinal stenosis. The contraction of the spinal canal is often parallel to aging it is characterized by calcification-related protrusions, thickened ligaments vertebral bones and degenerated disks. Bone protrusions and thickened ligaments compressing the spinal cord and nerve roots will be removed after a skin incision during the operation.

○ **Lumbar Disk (Herniated disc) Surgery:** This surgery is done to relieve pressure on the nerve roots due to disc herniation (lumbar hernia). The spine bones include soft, jelly-like structures called disc, which act as a natural shock-absorbing cushion. The soft part of the disc located in the middle of the disc can, for various reasons, compress the peripheral nerves by herniating from disc wall which surrounds and relatively harder. During the procedure, the surgeon will remove the herniated disc particles by cutting the skin behind my back. I am aware that there is no guarantee that the outcome of the intervention will be positive. I also agree that my surgeon and his assistants should intervene differently from those described above if there is an unforeseen or unexpected situation.

Alternatives:

I evaluated the following options as an alternative to lumbar spine surgery.

- Taking risk and not going under lumbar spine surgery
- Trying to relieve pain or muscle spasm through drug therapy
- Performing exercises to strengthen the back muscles
- Try to relieve the complaints through physical therapy methods
- steroid injection



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I also evaluated other methods of treatment that were described to me by the surgeon. The advantages and disadvantages of these alternative methods have been explained to me.

Risks regarding the surgery:

In addition to the benefits of surgical treatment, there are risks that may occur. I accept all risks that may occur during and after the surgery. Some of the risks and complications that may occur are;

- **Risks regarding anesthesia:** There are risks during and after local and general anesthesia procedures. In addition, there are complications and damages that may occur due to drugs in every form of anesthesia and sedation.
- **Bleeding :** Although very rare, I know that there is a risk of hemorrhage during and after surgery. In case of bleeding, additional treatment or blood transfusion may be required. The use of medications such as anti-inflammatory drugs may increase the risk of bleeding.
- **Coagulum development :** Blood clotting may occur after every kind of surgery. Clots in the bleeding area may prevent blood flow and cause complications such as pain, edema, inflammation or tissue damage.
- **Spinal cord injuries:** Although very rare, paralysis may occur due to spinal cord injury during surgery.
- **Cardiac complications :** The operation has a low risk of causing irregular heart rhythm or heart attack.
- **Death:** Although rare, there is a risk of death during or after surgery.
- **Unsuccessful results :** After lumbar spine surgery, there is a risk of pain, lethargy, loss of muscle strength, and failure to relieve other complaints.
- **Increase in pain:** In rare cases, postoperative pain may increase.
- **Infection:** Infection may occur in the area of the skin sac, in the operative field, or even in the bone in the operative field. The risks associated with infection include meningitis (inflammation of the brain and spinal cord) and empyema-abscess formation (accumulation of pus).



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- **Nerve root injury:** Nerve root injury may cause leg pain, weakness in related muscle groups, and sensory disturbances in related dermatomes.
- **Cerebrospinal fluid leakage risk:** Cerebrospinal fluid leakage may occur in wound site after the surgery. For this treatment, a spinal catheter or additional intervention may be required to repair the same wound site again.
- **Recurrence:** After surgery, the symptoms may reappear and additional surgery may be required.
- **Respiratory problems:** Postoperatively, usually a temporary respiratory distress or pneumonia may occur. Pulmonary embolism may occur.

Important matters:

Allergy / Medication used: I gave information about all my known allergies. I also informed my doctor about prescription drugs, herbal remedies, dietary supplementary substances, the use of illegal drugs, alcohol and drugs I use. The effects of the preoperative and postoperative use of these substances were explained to me and recommendations were made by my doctor.

Tobacco and Tobacco Products: I have been explained that smoking tobacco and tobacco products (cigarette, water pipe, cigar, pipe, etc.) before or after my surgery may cause the healing process to prolong.

I know that if I use any of these substances, I have a greater risk of encountering wound healing problems.

Consent Approving: Dr..... I authorize them to perform my lumbar spine surgery. I understand that this attempt will be made with the intention of eliminating my complaints and with the intention of preserving or improving the function of the nervous system. I confirm that my doctor has explained all of the above information, that I understand this information and that all my questions about this initiative have been answered. I approve that I understand this treatment agreement and I am satisfied with the explanations I understood. For this reason, I approve the different or additional surgery and additional treatment procedures required by my doctor for Lumbar Spine Surgery.



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Use of tissue: Any tissue not necessary for medical diagnosis to treat my condition has been examined by the ethics committee within the framework of ethical rules and may be used for medical research provided that the research is approved. I give consent to the publication of the research results in medical literature as long as the patient ID is reserved. I am aware that I can refuse to participate in such a study and that this refusal will not adversely affect my treatment in any way. I give consent to the use of any tissue, medical device or body parts that may have been removed during the surgical procedure.

Medical reseraches: In order to improve medical study, medical research and doctor training, I am giving my consent to the review of the clinical information from my medical records, provided that the patient privacy rule in the patient rights regulation is adhered to. I give consent to the publication of the research results in medical literature as long as the patient confidentiality of reserved. I am aware that I can refuse such a study and that this refusal will not adversely affect my treatment in any way.

PATIENT'S ;

PATIENT'S RELATIVE'S ;

NAME - SURNAME:

NAME - SURNAME:

DATE:

DEGREE OF AFFINITY:

SIGNATURE:

DATE:

SIGNATURE:

DOCTOR'S:

NAME - SURNAME:

DATE:

SIGNATURE-STAMP :

TIME: