



## SPINAL TUMOR 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:

Spinal tumors are tumoral formations that take root from the spinal cord itself or spinal support tissues or from the bone tissues that make up the spine. Such a tumor can cause spinal cord compression and death. Laminectomy and sometimes hemilaminectomy are often required to remove the tumor. Laminectomy and hemilaminectomy is the process of removing a bone fragment from the posterior portion of the spinal canal.

### There are 3 types of spinal tumor:

- **Extradural spinal tumor:** Tumors within the spine but outside the sac (dura)
- **Intradural extramedullary spinal tumor:** Intradural tumors are within the dural sac and outside the spinal cord
- **Intradural intramedullary tumor:** Tumors within the dural sac and within the spinal cord

I understand that my surgeon will perform an incision on the skin behind the neck, back or waist, pull the surrounding muscles to side and perform a laminectomy or hemilaminectomy at the level of the tumor to reveal the bone on the spinal tumor region to be removed. Laminectomy will be done to create space by removing the lamina, the back part of a vertebra that covers your spinal canal, hemilaminectomy is where only part of the Lamina and only a portion of the Facet Joint is removed to allow more room. Special tools, drills and cutters developed for this purpose can be used. In order to reveal the spinal cord according to the location of the tumor, the spinal cord membrane called dura will be cut. After removal of the spinal tumor, if it cannot be removed, after the biopsy, the dura will be closed, and the bone fragments will be replaced and the skin incision will be sutured. I understand that the purpose of this surgery is to remove the compression of the spinal cord and determine the type of spinal tumor. 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.



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### Alternatives:

- Taking risk and not going under surgery
- Medical and periodic radiological (CT, MR) examinations
- Radiotherapy on basis of the type of tumor, gamma knife

### 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 am aware that there is an increased risk of bleeding during or after surgery. In case of bleeding, additional treatment or blood transfusion may be required. The use of medication 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 very rare, there is a risk of death during or after surgery.

**Unsuccessful results :** Failure to remove the complete tumor or damage to the tissue during tumor removal may result in failure of surgery.

**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).

**Postoperative retardation in neurological functioning :** There is a small risk of retardation of neurological functions due to spinal cord injury, hemorrhage (in the operative area and surrounding area) or spinal edema after surgery.



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**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

**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:** 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.

**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 researches:** 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 to participate in such a study and that this refusal will not adversely affect my treatment in any way.



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**PATIENT'S;**

**NAME - SURNAME:**

**DATE:**

**SIGNATURE:**

**PATIENT RELATIVE'S;**

**NAME - SURNAME:**

**DEGREE OF AFFINITY:**

**SIGNATURE:**

**DOCTOR'S NAME - SURNAME:**

**STAMP:**

**SIGNATURE:**

**DATE:**

**TIME:**



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