



Affix Patient Label

Patient Name:

Date of Birth:

This information is given to you so that you can make an informed decision about having surgery **fuse your thoracic spine**.

Reason and Purpose of the Procedure: Surgery on my thoracic spine is done to:

- Relieve pain, numbness, tingling or weakness
- Restore nerve function
- Stop abnormal motion of the spine

The spinal bones or vertebrae are joined or fused together. Thoracic fusion is done in the front or the back of the spine.

Fusion done in the back of the spine:

The bone graft is placed on the sides of the vertebrae, or where the disc was removed. The graft fuses with the vertebrae to stop abnormal motion.

Fusion done in the front of the spine:

The bone graft or plastic spacer is placed where the disc was removed. The graft fuses with the vertebrae to stop abnormal function.

Bone graft may be one of two types: an autograft (bone taken from your body, usually your pelvis) or an allograft (bone from a bone bank). Metal rods, screws or hooks are sometimes used with the bone graft to help stabilize the spine. This is called "instrumentation."

When the vertebrae are stabilized, abnormal motion is stopped and function is restored to the spinal nerves.

Benefits of this surgery:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Relief or decrease of pain, numbness and weakness in the legs and hips, and sometimes in the lower-back area.
- Increased function during normal activities
- You may be able to reduce or end the need for pain medication

Risks of Surgery:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

General Risks of Surgery:

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotics and breathing treatments.
- Clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- A strain on the heart or a stroke.
- Bleeding may occur. If excessive you may need a blood transfusion.
- Reaction to the anesthetic. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you.

Risks of this Surgery:

- **Failure to relieve symptoms.** There is a chance that the surgery will not relieve the pain, numbness, weakness or other symptoms. You may need more surgery.
- **Increased pain.** Pain or other symptoms may get worse after this procedure. You may have a headache for up to a month after surgery and occasionally for a longer period of time
- **Infection.** Infection may occur in the wound, either near the surface or deep within the tissues. This could include the bone. You may need antibiotics or further treatment.
- **Nerve root injury.** Injury to the nerve roots may cause leg pain, paralysis in the affected muscle group or loss of feeling in the affected area.
- **Recurrence.** There is a chance that pain, numbness, weakness or other symptoms may come back. This may need more surgery
- **Spinal cord injury.** There is a small risk of injury to the spinal cord. This could mean you would be paralyzed. Your bowel or bladder may not work correctly or at all.
- **Spinal fluid leakage.** A spinal fluid leakage may cause a spinal headache or need more surgery.

Risks Relation to Fusion or Instrumentation. Sometimes metal plates, rods, screws or wires are used to stabilize the spine. This is called instrumentation.

- **Adjacent level stenosis** (nearby lumbar narrowing). There is a small chance that fusing one spine level will speed up the wear at another spine level. This would mean more surgery in the future.
- **Bone Morphogenic Protein.** A protein approved by the FDA for fusion within a cage in the disc space of the lumbar spine. There is a risk of developing a pocket of fluid or allergic reaction.
- **Extrusion of the bone graft.** The bone graft moves out of position.
- **Failure of fusion.** The graft does not form a solid fusion. This could lead to spine deformity and pain.
- **Fusion (allograft) risks.** Bone from a bone bank carries an extremely small risk of infection or disease transmission. There is a slightly greater risk that the bone fusion will fail.
- **Fusion (autograft) risks.** Bone removal from the hip can lead to chronic pain, nerve damage in the thigh and buttocks, or changes in how you walk.
- **Instrumentation problems.** Screws, plates, rods can loosen, move or injure surrounding areas. This could mean more surgery

Risks Associated with Smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation. Smoking has also been shown to slow down or stop the bone fusion.

Risks Associated with Obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.



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Risks Associated with Diabetes or Immune System Compromise:

The risk of infection, slow wound healing and slow bone healing (fusion) are increased in:

- Diabetes
- Chemotherapy or radiation therapy
- AIDS
- Steroid use

Risks Specific to You:

Alternative Treatments:

Other choices:

- Physical or Occupational Therapy
- Massage Therapy
- Steroid injections
- Pain Management
- Do nothing. You can decide not to have the procedure.

If You Choose Not to Have this Treatment:

- Your doctor can discuss alternative treatments with you.

General Information:

- During this procedure, the doctor may need to perform more or different procedures than I agreed to.
- During the procedure the doctor may need to do more tests or treatment.
- Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.
- Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.
- Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

Medical Implants/Explants:

I agree to release my social security number, my name and address, and my date of birth to the company that makes the medical device that is put in or removed during this procedure. Federal laws and rules require this. The company will use this information to locate me.



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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: **POSTERIOR THORACIC FUSION SURGERY AT LEVEL(S):** _____
- I understand that other doctors, including medical residents, or other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. IF so, please obtain consent for blood/product.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: _____ Date _____ Time _____

Interpreter (if applicable)

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back

Patient shows understanding by stating in his or her own words:

____ Reason(s) for the treatment/procedure: _____

____ Area(s) of the body that will be affected: _____

____ Benefit(s) of the procedure: _____

____ Risk(s) of the procedure: _____

____ Alternative(s) to the procedure: _____

Or

____ Patient elects not to proceed: _____ (patient signature)

Validated/Witness: _____ Date: _____ Time: _____