



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent: Cervical Fusion/Cervical Disc Replacement

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

Reason and Purpose of this Procedure:

Surgery on my cervical spine is done to:

- Relieve pain, numbness, tingling or weakness.
- Restore nerve function.
- Relieve pressure from compressed spinal cord.
- Stabilize and/or realign an unstable spine.

During this procedure all or part of the damaged disc in your neck is removed, releasing pressure on nerves in your neck. Small plates, rods or screws are used to keep the bones from moving while the bone heals. This is called “instrumentation”. Bone graft is placed and over time will fuse to the surrounding bone, stopping abnormal motion.

Benefits of this Procedure:

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, tingling, or weakness in the arms, and sometimes pain in the neck.
- Prevent further deterioration of spinal cord function.
- Increased function during normal activities.
- You may be able to reduce or end the need for pain medication.

General Risks of Procedures:

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.

- 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 thromboses. 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 Procedure:

- **Failure to relieve symptoms.** There is a chance that the surgery will not relieve the pain, numbness, tingling, weakness, or other symptoms. You may need more surgery.
- **Increased pain.** Pain or other symptoms may get worse after this procedure.
- **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 arm pain, paralysis in the affected muscle group or loss of feeling in the affected area.
- **Recurrence.** There is a chance that pain, numbness, tingling, weakness, or other symptoms may come back. You 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. You may need more surgery to fix this.
- **Stroke.** There is a small chance that the vertebral artery is damaged. This may lead to a stroke. This may lead to more

testing, surgery, and treatment for stroke.

- **Vocal cord paralysis.** The nerve to the vocal cords may be injured, leaving you with a hoarse, soft voice. This usually gets better within three months but may need further treatment.

Risks Related to Fusion or Instrumentation:

- **Adjacent level stenosis.** There is a small chance that fusing one level will speed up the wear at another spine level. This could mean more surgery in the future.
- **Extrusion of the bone graft.** The bone graft may move out of position. You may need more surgery to fix this.
- **Failure of the fusion.** The bone graft may not form a solid fusion. This could lead to spine deformity and pain and you may need more surgery.
- **Loosening and movement of instrumentation (the screws and/or plate).** You may need more surgery to fix this.
- **Fusion (allograft) risks.** Bone-bank bone 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.

Risks Associated with Smoking:

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

Risks Associated with Diabetes or Immune System Compromise:

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

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

Risks Specific to You:**Alternative Treatments:**

Other choices:

- Medication for relief of pain or muscle spasms
- Physical or Occupational Therapy
- Massage Therapy
- Chiropractic manipulation
- Acupuncture
- 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.

