



**Dr R E Pope**  
Beneficence and Nonmaleficence  
Neurosurgeon and Spine Surgeon

## Cervical Disc Replacement

Facility: .....

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: ☐ M ☐ F

### A. Interpreter / cultural needs

An Interpreter Service is required? ☐ Yes ☐ No

If yes, is a qualified Interpreter present? ☐ Yes ☐ No

A Cultural Support Person is required? ☐ Yes ☐ No

If yes, is a Cultural Support Person present? ☐ Yes ☐ No

### B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

This condition requires the following procedure.  
*(Doctor to document - include site and/or side where relevant to the procedure)*

A Cervical Disc Replacement is performed to treat damaged cervical discs. This surgery approaches the spine from the front of the neck.

### C. Risks of this procedure

There are risks and complications with this procedure. They include but are not limited to the following.

**Common risks and complications** include:

- Infection, requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- Pain from the donor bone graft site, usually the hip. This usually settles over time.

**Uncommon risks and complications** include:

- Bleeding can occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Heart attack due to the strain on the heart.
- Stroke or stroke like complications may occur causing neurological deficits such as weakness in the face, arms and legs. This could be temporary or permanent.
- Injury to the nerves of the voice box which causes vocal cord paralysis and a hoarse voice.

This is usually temporary but may require further surgery. This is rarely permanent.

- Injury to the food pipe. This may require further surgery.
- Injury to the carotid artery, which can cause a stroke. This may be permanent.
- Injury to the spinal cord resulting in quadriplegia. This may be temporary or permanent and may require further surgery.
- Injury to a nerve root causing a weak and numb upper limb. This may be temporary or permanent.
- Ongoing neck or upper limb pain. This may be temporary or permanent.
- The bone may not heal or fuse. This may cause pain and require further surgery.
- Movement of the prosthesis resulting in swallowing difficulties. This may require further surgery.
- Failure of the device that may require revision to fusion.
- Swallowing difficulties due to swelling. This is usually temporary.
- Pain between the shoulders. This is usually temporary.
- Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

**Rare risks and complications** include:

- Breathing may become difficult due to bleeding and swelling in the neck area. This may require a tracheostomy, which will be temporary unless there are further complications.
- Death as a result of this procedure is very rare.

### D. Significant risks and procedure options

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

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Procedural consent form



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URN: .....

Family Name: .....

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Sex: ☐ M ☐ F

### E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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### F. Anaesthetic

This procedure may require an anaesthetic. (Doctor to document type of anaesthetic discussed)

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### G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated accordingly.
- a doctor other than the Specialist Neurosurgeon may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s;

- ☐ About your Anaesthetic  
☐ Cervical Dis Replacement

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment

options. My questions and concerns have been discussed and answered to my satisfaction.

- I understand I have the right to change my mind at any time before the procedure, including after I have signed this form but, preferably following a discussion with my doctor.

On the basis of the above statements,

### I request to have the procedure

Name of Patient/  
Substitute decision  
maker and relationship: .....

Signature: .....

Date: .....

**Substitute Decision-Maker:** Under the *Powers of Attorney Act 1998* and/or the *Guardianship and Administration Act 2000*. If the patient is an adult and unable to give consent, an authorised decision-maker must give consent on the patient's behalf.

### H. Doctor's statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of  
Doctor: .....

Designation: .....

Signature: .....

Date: .....

Name of  
Anaesthetist: .....

Designation: .....

Signature: .....

Date: .....

### I. Interpreter's statement

I have given a sight translation in

.....  
(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of  
Interpreter: .....

Signature: .....

Date: .....



# Consent Information - Patient Copy

## Cervical Disc Replacement

### 1. What is Cervical Disc Replacement?

A Cervical Disc Replacement is performed to treat damaged cervical discs. It may reduce the chance of the other discs above or below requiring future surgery. This surgery approaches the spine from the front. A skin crease cut is made across the front of the neck.

An X-ray is taken during surgery to confirm the correct level of the spine before removing the disc. Using a microscope, the damaged disc portion is removed. Any bony spurs which may be compressing the nerve roots and spinal cord are also removed.

Once the disc is removed, the space between the neck bones is empty. To prevent the bones from collapsing and rubbing together or fused such as an Anterior Cervical Discectomy and Fusion, a prosthetic artificial disc device is implanted that mimics the movements and function of a normal disc. This is known as motion preservation surgery and aims to preserve the function and integrity of the adjacent discs.

The normal movement of the spine will be preserved and the device is imbedded in the solid bony end-plates of the vertebrae and stays in place.

The wound is closed in layers and the skin with dissolving suture material.

### 2. My anaesthetic

This procedure will require a General Anaesthetic.

See **About your Anaesthetic** information sheet for information about the anaesthetic and the risks involved. If you have any concerns, talk these over with your doctor.

*If you have not been given an information sheet, please ask for one.*

### 3. WHAT ARE THE RISKS OF THIS SPECIFIC PROCEDURE?

There are risks and complications with this procedure. They include but are not limited to the following.

**Common risks and complications** include:

- Infection, requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- Pain from the donor bone graft site, usually the hip. This usually settles over time.

**Uncommon risks and complications** include:

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- Injury to a nerve root causing a weak and numb upper limb. This may be temporary or permanent.
- Ongoing neck or upper limb pain. This may be temporary or permanent.
- The bone may not heal or fuse. This may cause pain and require further surgery.
- Movement of the prosthesis resulting in swallowing difficulties. This may require further surgery.
- Failure of the device that may require revision surgery.
- Swallowing difficulties due to swelling. This is usually temporary.
- Pain between the shoulders. This is usually temporary.
- Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
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**Rare risks and complications** include:

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- Death as a result of this procedure is very rare.

### Notes to talk to my doctor about

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