



Dr R E Pope

Extreme Lateral Interbody Fusion (XLIF)

Facility: Mater Hospital

(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)

This procedure is performed to relieve pressure on the fibrous sheath which contains the spinal nerves and stabilises the spine from slipping forward.

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.
- Hip pain and stiffness for a week or so. Physio will help this.

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.
- Nerve root injury causing a weakness in foot movement which may affect mobility. This may be temporary or permanent.
- Damage to the bowel contents or blood vessels that may require further surgery.
- Damage to the leg nerves that may cause permanent weakness or numbness. This usually improves if it occurs.

- Bladder or bowel problems due to nerve root injury or the surgical approach. This may be temporary or permanent.
- Injury to the covering of the spinal cord. This may require further surgery.
- Ongoing persistent back and leg pain, with possible leg numbness due to nerve damage from compressed nerve roots. This may require further surgery.
- Deterioration of other discs. This may require further surgery.
- Leakage of cerebrospinal fluid. This may require further surgery.
- The cage may injure the nerve root causing pain and/or weakness. This may be permanent.
- Inadequate placement of the Cage. This would require further surgery.
- The screws may break whilst the bone is healing or fusing. This may require further surgery.
- The bone may not heal or fuse. This may cause pain and require further surgery.
- Visual disturbance. This may be temporary or permanent.
- 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:

- Paraplegia. This may require further surgery. This may be temporary or permanent.
- Injury to major blood vessels. This will require further *urgent* surgery.
- 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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E. Risks of not having this procedure

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

F. Anaesthetic

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

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.

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

- ☐ About your Anaesthetic
- ☐ XLIF

- 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

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(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

Extreme Lateral Interbody Fusion (XLIF)

1. What is an Extreme Lateral Interbody Fusion?

This keyhole procedure is performed to relieve lower back pain and/or leg pain associated with compression of the nerves or the spinal canal (stenosis) usually due to instability of the spinal column or arthritis causing the joints to not work properly in movement.

X-rays will be taken throughout the case to ensure accurate performance.

A cut is made on your side and another near your back and the dilating tubes are inserted and negotiated past your abdominal contents and to the psoas muscle.

A special device called Neurovision that will guide the retractor through the muscle and avoid the nerves. The disc is then removed and replaced with a cage filled with synthetic bone graft to promote a fusion between the bones over time. This will open up the disc space and decompress the nerves and the spinal canal and help relieve the back pain and/or leg pain.

Sometimes a third incision will need to be made in the middle of the back to insert a plate and screws into the bones of the back to secure a solid fusion, or occasionally insert pedicle screws that ensure the strongest construct.

No drains need to be used as the blood loss is small and the incisions are closed with sutures that dissolve over time

A 1-3 night hospital stay is usually required

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.
- Hip pain and stiffness for a week or so. The physio will help this.

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).
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Notes to talk to my doctor about

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