Patient agreement to investigation or treatment

Cervical discectomy for cervical myelopathy (pressure on the spinal cord) or Cervical radiculopathy (pressure on a nerve root)

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Brief description:

- You have been recommended an operation to relieve the pressure from a prolapsed disc on the spinal cord or a nerve root in the neck.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website: http://www.addenbrookes.org.uk/consent
- Guidance for health professionals can be found on the Addenbrooke's intranet site http://nww.addenbrookes.nhs.uk/consent
- Remember, you can change your mind about having the procedure at any time.

For staff use:
Does the patient have any special requirements? (eg requires an interpreter or other additional communication method)

....

....

Name of procedure: Cervical Discectomy

The pressure from your prolapsed disc(s) might be causing you pain, numbness or weakness and sometimes a disturbance of bladder function. Either the arms or the legs or all limbs may be affected. If the disc is pressing on the spinal cord, the condition is called a cervical myelopathy; and if the pressure is mostly on a nerve root, the problem is termed cervical radiculopathy. The actual diagnosis is confirmed by a magnetic resonance imaging (MRI) scan. Not all patients with those conditions require surgery; in some patients, symptoms can improve spontaneously without treatment.

Before your procedure

- You will be seen at the Preadmission Clinic by the Consultant Neurosurgeon or Specialist Registrar and the Clinical Nurse Practitioner.

- We shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.

- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).

- If to your knowledge the answer to any of the following is YES, it is important that you tell us:
    - Have you ever received Human Growth Hormone;
    - Have you had brain surgery prior to 1992 or;
    - Has anyone in your family been diagnosed with CJD?

  A positive answer will not prevent any treatment, it will however allow us to take Infection Control advice and plan your procedure so as to minimise any risks.

- This procedure involves the use of general anaesthesia. See below for further details about the types of anaesthesia/sedation we shall use. The anaesthetist will see you before the procedure to assess your general state of health and discuss the details of the anaesthetic with you.

- Most people who have this type of procedure will be admitted on the day of surgery, occasionally people will be admitted the day before if we feel this is necessary. We will advise you when to stop eating and drinking, this is usually from midnight the day before the operation.

During the procedure

- A small incision will be made on the front of your neck, usually in a skin crease so it will leave less of a scar. The cervical disc is then removed, to relieve pressure on the spinal cord and nerves. Sometimes we replace the disc with a bone graft, synthetic cage **or** titanium plate (instrumentated fusion).

After the operation

- You will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy. Both of these are normal.
- After this procedure, most people will have a small, plastic tube in one of the veins in their arm. This might be attached to a bag of fluid (called a drip), which supplies your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will check your pulse, blood pressure and limb movements regularly. When you are well enough to be moved, you will be taken to a ward. Sometimes people feel sick after an operation during which a general anaesthetic has been administered and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.
- After the operation, any pain you were experiencing in your arm should get better. Other symptoms such as numbness, clumsiness, poor balance and weakness usually take much longer to improve. Some patients who have had this operation develop a new pain between their shoulder blades.
- **Eating and drinking**: After this procedure, you should not have anything to eat or drink until you medical team considers it to be safe – this is usually about 4-6 hours.
- **Getting around and about**: After this procedure, we will get you mobile (up and about) as soon as we can to help prevent complications from lying in bed. You will be encouraged to get out of bed on the day of the operation. A physiotherapist will see you and advise you on some exercises for you to continue when you get home.
- **When you can leave hospital**: Most people who have had this type of procedure will be able to go home one to two days after surgery. A longer stay might be necessary if you are elderly or have major disability before surgery.
- **When you can resume normal activities including work**: Once you are home, you should gradually increase your activity towards normal levels.
- You can resume driving when you feel comfortable; this is provided that you were considered safe to drive by a doctor before the operation.
- **Check-ups and results**: You will normally be reviewed in the outpatient clinic at three months after discharge. In most patients, the bones next to the operated disc fuse (join) together after this operation. This is a normal result and you should not notice any limitation your in neck movement.
  If you have had a cage or plate inserted at the time of the operation we will organise some x-rays prior to you being discharged and at your subsequent outpatient appointments at 3 months and 12 months.

Intended benefits of the procedure

- The success rate for this operation is high. In those people who are experiencing pain in their neck and arm 90 to 95% (90 to 95 in 100 people) can expect relief from at their arm pain. If the disability you have is a result of pressure on the spinal cord about 60% (60 in 100) of people can expect improvement, 30% (30 in100) will find their condition stabilises and less than 10% of them find that their condition continues to deteriorate. Less than 1% (1 in 100) will feel worse as a direct consequence of the operation (see below).

Who will perform my procedure?

- This procedure will be performed by a Consultant Neurosurgeon or Consultant Orthopaedic Spinal surgeon or neurosurgical specialist registrar operating under the supervision of a consultant.

Alternative procedures that are available

- The alternative to this surgery is to decide not to have surgery.

Serious or frequently occurring risks

- The operation to treat prolapse of the cervical disc has been widely practised since the 1950s. It is a very safe procedure and serious complications are extremely rare.
- It is normal to experience discomfort when you swallow for a few days after the operation.
- There is a small risk (less than 1% or 1 in 100) of damage to the spinal cord or nerve root. If this occurs, you might notice an increase in numbness or weakness in your arm or legs.
- The risk of paralysis involving the legs, arms or both is very small and is less than 1%.
- There is a small risk of wound infection (less than 1%) which can usually be treated with a short course of antibiotics.
- Post-operative neck pain can be troublesome for some patients, but this normally settles down over the first three to four weeks after the operation.
- If your affected disc is low in the neck (called C5/6, C6/7), there is a risk of developing a hoarse voice after the operation, this is due to handling of the laryngeal nerve during surgery. This is permanent in 1% (1 in 100) of patients. There may be temporary problems with swallowing following this operation.
- The risk of a blood clot in the wound that requires a second operation to remove it is between 1 and 2%.
- Patients who have developed a symptomatic prolapsed disc in their neck that has been treated by surgery have up to a 20% (20 in 100) risk of developing a further symptomatic prolapsed disc next to the area within 10 years of the first original operation.

Your anaesthesia

Your operation will be carried out under general anaesthetic.

General Anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs. Usually the first step is to inject medication intravenously (i.e. into a vein) through a small plastic tube, placed usually in your arm or hand. This is known as induction of anaesthesia. An example of a commonly used drug is Propofol. Induction is occasionally achieved by breathing gases. To maintain you in this state of unconsciousness, you will breathe a mixture of anaesthetic gases or vapours with oxygen. If the surgery or other factors require your muscles to be relaxed, for example in surgery on the abdomen, then a muscle relaxant drug is given and a tube is inserted into your throat and down your windpipe to help you to breathe.
While you are unconscious and unaware your anaesthetist remains with you at all times, monitoring your condition and controlling your anaesthetic, replacing fluid or blood. At the end of the operation, your anaesthetist will reverse the anaesthetic and you will regain awareness and consciousness in the recovery room, or as you leave the operating theatre.

Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

Pre-medication is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets, injections or liquids (to children). They relax you and may send you to sleep. They are not always given.
Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger.

It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe. It is common practice nowadays to allow a parent into the anaesthetic room with children: as the child goes unconscious, the parent will usually be asked to leave.

During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

After your operation

After your operation your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require. You will be given medication for any pain that you might feel, and systems, such as Patient Controlled Anaesthesia (PCA) may be set up to continue pain control on the ward.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. Once you are fully awake you will be returned to the ward, and if you are a day patient will be allowed to go to the waiting area to fully recover before you are accompanied home. Do not expect to feel completely normal immediately!

We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:

If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish
Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem patient.information@addenbrookes.nhs.uk

Portuguese
Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail patient.information@addenbrookes.nhs.uk

Arabic
إذا كنت تودّ الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال **بمعلومات المريض** على الرقم : 01223216032 أو عبر البريد الإلكتروني : patient.information@addenbrookes.nhs.uk

Cantonese
如您需以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 patient.information@addenbrookes.nhs.uk

Turkish
Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasınlar: 01223 216032 veya patient.information@addenbrookes.nhs.uk

Urdu
اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے مہربانی اس شعبہ سے پیشنٹ انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے کی درخواست کریں: 01223 216032 یا patient.information@addenbrookes.nhs.uk

Bengali
আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পেতে চান তাহলে 'প্যাশেন্ট ইনফরমেশান' এর সঙ্গে 01223 216032 নম্বরে ফোন করে বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে অনুরোধ জানান।

Document history

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Consent form 1

Patient agreement to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

....

❑ Special requirements...
(eg other language/other communication method)

Name of proposed procedure or course of treatment

Cervical Discectomy +/- instrumented fusion for (state indication for surgery)

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure: In those people who are experiencing pain in their neck and arm 90 to 95% (90 to 95 in 100 people) can expect relief from at their arm pain. If the disability you have is a result of pressure on the spinal cord about 60% (60 in 100) of people can expect improvement, 30% (30 in100) will find their condition stabilises and less than 10% of them find that their condition continues to deteriorate..
- Any serious or frequently occurring risks from the procedures including those specific to the patient: 1% risk of damage to the spinal cord or nerve root: increase in numbness or weakness in your arm or legs; Less the 1% risk of paralysis involving the legs, arms or both; Small risk of wound infection (less than 1%); Post-operative neck pain; If your affected disc is low in the neck (called C5/6, C6/7), risk of developing a hoarse voice after the operation. This is permanent in 1% (1 in 100) of patients. There may be temporary problems with swallowing following this operation; Between 1 and 2% risk of a blood clot in the wound that requires a second operation to remove it; Patients who have developed a symptomatic prolapsed disc in their neck have up to a 20% (20 in 100) risk of developing a further symptomatic prolapsed disc next to the area within 10 years of the first original operation.
- Any extra procedures that might become necessary during the procedure

❑ Blood transfusion ❑ Other procedure (please specify) ....

....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: CF 080 Version 4, December 2008.........

This procedure will involve:

❑ General and/or regional anaesthesia ❑ Local anaesthesia ❑ Sedation

Health professional's signature: ....Date: ....

Name (PRINT): ....Job title: ....…...................

Contact details (if patient wishes to discuss details later)

❑ I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature... Date: ....

Name (PRINT):..

Important notes: (tick if applicable)

❑ The patient has withdrawn consent (ask patient to sign/date here) ....

❑ See also advance directive/living will

Copy accepted by patient: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**
Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)
I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.
I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

....

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.
I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.
I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below.	Yes	No
I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research**. **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.	☐	☐
I agree to the use of photography for the purpose of diagnosis and treatment.	☐	☐
I agree to anonymised photographs being used for medical teaching.	☐	☐

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature:.. Date: ....

Name (PRINT): ....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: .... Date: ....

Name (PRINT): ....

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)
On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature.. Date: ....
Name (PRINT): .... Job Title: ....