

SUPPLEMENTAL CONSENT AND INFORMATION: SPINAL SURGERY

AFFIX PATIENT LABEL

Plans have been made for you to undergo **spinal surgery** as detailed below:

Procedure

Other Procedure **Bone Graft**

Reason for Surgery

Surgeon's signature **Date**

It is important for you to understand the nature of your operative procedure, what to expect from your surgery and the risks which may occur with this operation and also rare, but significant, other complications which have been known to occur. These complications have been listed below, however, this is not an exhaustive and exclusive list and other unforeseen complications may occur. Please sign each of the sections below together with the formal Hospital Consent Form.

1. I understand the operation that my spinal surgeon is performing and I have been given the chance to ask any questions about the operation. I understand that the operation is not a "cure" and it is the nature of spinal surgery to expect a good percentage improvement and / or prevent progression of the underlying condition. I understand that improvements may not be immediate but may be gained over time. I understand there is the possibility that the surgery may not help and that my symptoms may worsen. I am aware of the likely outcome if I do not have surgery.

Signature: Date:

2. I understand that complications which may occur with this type of procedure include: bleeding; infection; nerve injury; scar (fibrous) tissue formation around the nerves; spinal cord injury (weakness, numbness, bladder and bowel problems); durotomy / spinal fluid leak; skin and nerve pressure problems; stiffness / reduced movement; failure to improve symptoms; recurrence of my problem; inadequate correction of any deformity; implant related problems including incorrect position, loss of position, loosening, breakage and non union (failure of the bones to fuse together); problems above and / or below the operated part of the spine; organ injury; sexual dysfunction; problems removing wound drains (if required). In addition, the complications of anterior cervical (neck) spinal surgery include voice changes, swallowing difficulties, breathing difficulties, organ / blood vessel injury; the complications of anterior thoracic surgery include organ / blood vessel injury and or dysfunction, pneumothorax (collapsed lung); the complications of anterior lumbar (low back) spinal surgery include blood vessel injury, thigh numbness, warm leg and hernia. General anaesthetic and medical problems may include deep venous thrombosis / pulmonary embolism (blood clots), chest infections, urinary infections, acute confusional state, emotional distress, cognitive decline and others. I understand that I may require a urinary catheter (tube in the bladder). A blood transfusion may be required. I understand that I will be exposed to radiation in the form of X-Ray or CT during the procedure. Intraoperative neuromonitoring risks include false readings, technical failure, failure to prevent neurological injury, skin irritation / burns, muscle soreness / nerve irritation, tongue injury, cardiac arrhythmia, seizure / fits (very rare).

Signature: Date:

3. Finally, I understand that there are also very rare but serious complications which have been recorded from this type of surgery which, in extreme circumstances, might include: death, paralysis, severe bleeding, organ injury, eye complications including blindness, stroke, allergic reactions and other serious anaesthetic and medical problems. Very rarely wrong level and wrong side surgery can occur.

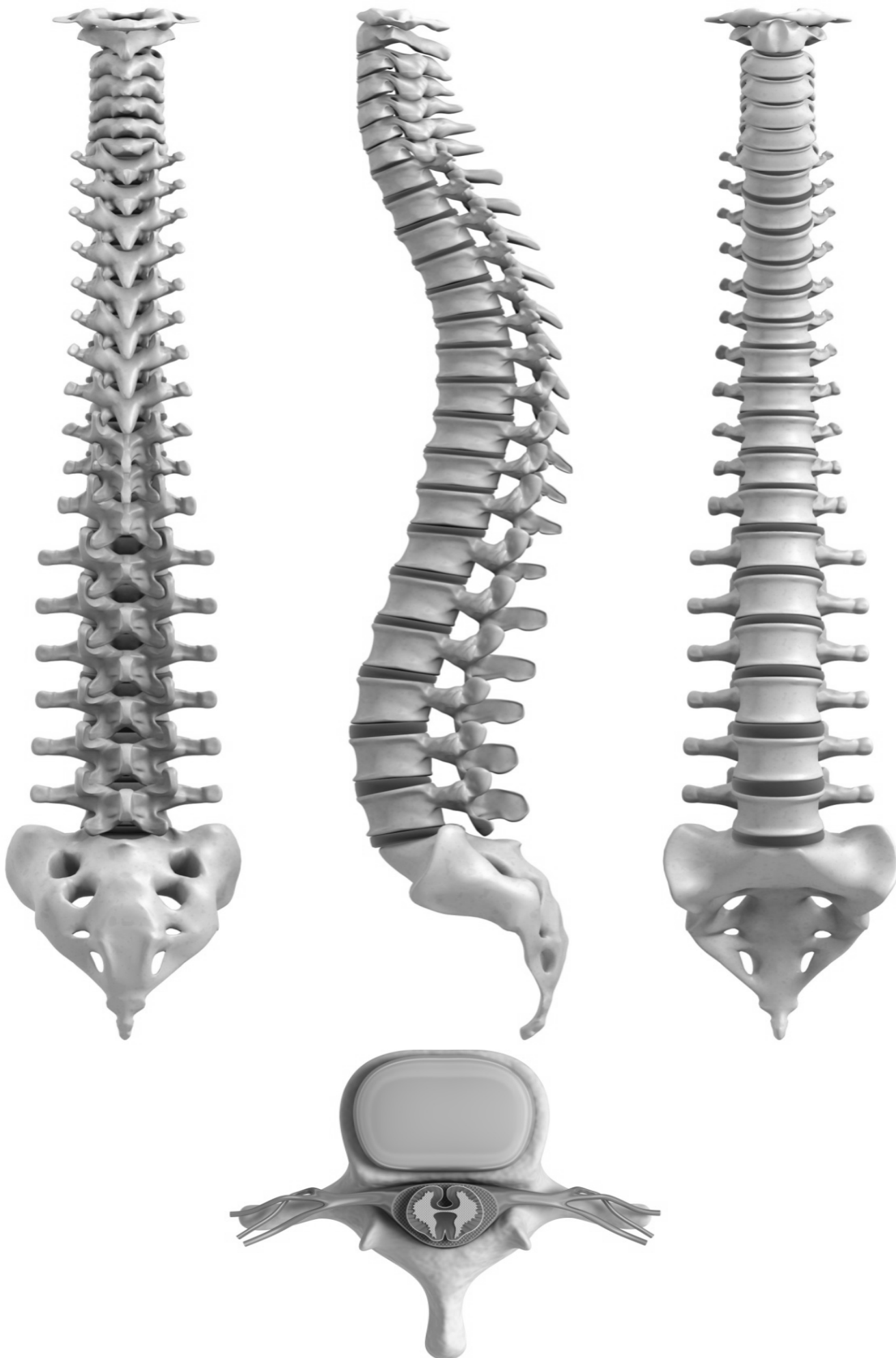
Signature: Date:

4. I consent to blood virology testing in the event of a staff needle stick injury Yes / No
I consent to medical photography for educational and teaching purposes and Yes / No
my anonymized medical data to be used for educational and teaching purposes Yes / No
I consent to being entered on the British Spinal Registry Yes / No
I understand that I will be required to complete outcome questionnaires Yes / No

Signature: Date:

5. I understand that there are risks regarding pandemic infections and I will follow the current guidelines and advice given to me by the hospital including social distancing, isolation and testing.

Signature: Date:



PUT PHOTO OF CONSENT FORM HERE



British Spine Registry Consent Form

Helping to improve patient care through knowledge

Please tick to confirm that you have been given / read the 'BSR patient information leaflet'

☐

Surname: _____

First Name: _____

Date of Birth: ____/____/____

Postcode: _____

Email address (if you are happy for us to send you email links to questionnaires):

I CONSENT to:

- Personal details being recorded in the British Spine Registry.
- I understand information in the Registry will be used to look at the outcomes of treatment and may be used for research purposes and results will be published.
- I understand that data identifying me will not be released to anyone unless required by law or where there is a clear public need to do so.
- Your data may be accessed by other spinal medical professionals in the future who are involved in your medical care.
- I understand that I may ask for my details to be removed at any time and may request access to my personal data.
- I understand that my health data may be linked to other national health databases.

Patient / Parent agreement to data collection for Registry and Research:

Signature: _____ Date: ____/____/____

To be completed by the person accepting patient consent

Name: _____ Position: _____

Signature: _____ Date: ____/____/____

This form should be retained.

**RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM
(VTE) IN PAEDIATRIC PATIENTS 13-17 YEARS OLD
ADMITTED TO CHILDREN'S HOSPITAL (CHFW)**



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Date of initial assessment:		<i>PLEASE AFFIX PATIENT LABEL HERE</i>	
Risk assessed by:			
Designation:			
Signature:			
Does the patient have any risk factors for VTE?			
Patient related	Tick	Admission related	Tick
Central venous catheter		Significantly reduced mobility for ≥ 3 days	
Active cancer or cancer treatment		Severe trauma with ISS > 9	
Dehydration		Spinal cord injury with paralysis	
Known thrombophilia		Total anaesthetic + surgical time > 90 mins	
Obesity (BMI > 30 kg/m ²)		Acute severe sepsis	
≥ 1 significant medical comorbidities (e.g. heart disease, sickle cell disease, metabolic or inflammatory conditions)		Pelvic or lower limb surgery with total anaesthetic + surgical time > 60 mins	
Personal history or first degree relative ≤ 40 yo with history of VTE		Critical care admission	
Oestrogen-containing contraceptive therapy		Severe burns	
Pregnancy or < 6 weeks post-partum		Other risk as determined by clinical team	
Risk factors for VTE identified?			
- If <i>no</i>, reassess regularly - If <i>yes</i>, assess for contraindications to pharmacological thromboprophylaxis (see below)			
Does the patient have any bleeding risk or contraindications to pharmacological treatment?			
Patient related	Tick	Admission related	Tick
Acquired bleeding disorders (e.g. acute liver failure)		Neurosurgery, spinal surgery or eye surgery	
Untreated inherited bleeding disorder (e.g. haemophilia/von Willebrand's disease)		Lumbar puncture/epidural/spinal anaesthesia expected within the next 12 hrs	
Uncontrolled systolic hypertension (> 180 mmHg)		Lumbar puncture/epidural/spinal anaesthesia within the last 4 hrs	
Thrombocytopenia (platelets $< 75 \times 10^9/L$)		Active bleeding	
Concurrent use of anticoagulants			
Severe renal impairment (creatinine clearance < 15 ml/min)			
Previous heparin induced thrombocytopenia or allergy			
OUTCOME (<i>tick all that apply</i>)			Completed By
	No treatment	Mechanical prophylaxis	Enoxaparin
Now			
At 48hrs			
At 72hrs			

Assess for all risk factors for VTE (*tick all that apply*)

2 VTE risk factors

0-1 VTE risk factors

≥3 VTE risk factors

- Ensure adequate hydration
- Mobilise early
- Reduce risk factors
- Remove CVC where possible

AND consider mechanical prophylaxis

- Graduated compression stockings if appropriate size until mobile **OR** IPCs (e.g. Flowtrons for calf size >40cm circumference)
- Ensure no contraindications (*see below*)

Assess bleeding risk (*tick all that apply*)

If ANY bleeding risk, enoxaparin contraindicated

Reassess risks at 48 and 72 hours + if clinical condition changes

If NO bleeding risk

- **Prescribe enoxaparin** (*see below*)

Enoxaparin Guidance

- 0.5mg/kg twice daily (*regardless of patient's weight*)
- Creatinine clearance 15-30ml/min discuss with renal

Contraindications to mechanical prophylaxis

- Known/suspected arterial insufficiency
- Absent/weak foot pulses
- Peripheral neuropathy/sensory impairment
- New onset stroke
- Allergy to stockings/IPCs
- On vasopressin/noradrenaline
- Severe peripheral or pulmonary oedema
- Limb deformity/pedal venflon affecting fit
- Skin condition with risk of harm (e.g. pressure sores, tissue paper skin)

Approximate Recovery Times in Weeks for Spinal Operations

The following is a guide for recovery times following spinal surgery. It is important to note that recovery times will vary between patients and that this is only a guide.

	Lumbar Microdiscectomy / Decompression	Multilevel Lumbar Decompression	Lumbar Decompression and Fusion	Thoracolumbar Fusions: PLF / TLIF / XLIF / ALIF and #s*
Wound Healing	2 to 4	2 to 4	2 to 4	2 to 4
Office / Desk Job	4 to 6+	6+	6+	6+
Manual Job	6+	6 to 12	12+	12+
Driving	Approximately 4 to 6 weeks when you are comfortable getting into and out of a car, can turn your body to look out of the back window and can safely perform an emergency stop.			
Walking	As soon as able. This is an excellent form of gentle exercise to aid your recovery. It is important to slowly pace yourself and build up distances gradually.			
Showering	Initially the wound should be covered by a waterproof dressing whilst taking brief showers. Once it has healed fully longer showers and bathing are permitted.			
Housework	When comfortable. Avoid bending at the back and use your knees. Avoid twisting when hoovering and when ironing make sure the board is set at an appropriate level or you can sit down to iron. Avoid over stretching.			
Lifting	Lifting light objects and shopping can be performed when comfort allows. Avoid bending at the back and use your knees. Use both arms to carry shopping and avoid carrying for long periods.			
Swimming	Your wound must have healed fully before you can swim. If you have been fused please wait until you have had a follow up X-Ray. In line strokes are best following lumbar spine surgery (front crawl and back stroke).			
Gardening	6+	6+	12+	12+
Cycling	6+	6+	6+	6 to 12+
Racquet sports, golf, cricket, jogging	6+	12+	12-24+**	12-24+**
Yoga, Pilates, tai chi, aerobics, gentle aerobic gym activity	6+	6+	12+**	12+**
Weight lifting, contact sports, gymnastics (including football and rugby)	12+	12+	26-52 (if at all)**	26-52 (if at all)**

* PLF = Posterolateral Fusion, TLIF = Transforaminal Lumbar Interbody Fusion, XLIF = Extreme Lateral Interbody Fusion, ALIF = Anterior Lumbar Interbody Fusion, #s = Fractures

** After discussion with your surgeon

Approximate Recovery Times in Weeks for Spinal Operations

The following is a guide for recovery times following spinal surgery. It is important to note that recovery times will vary between patients and that this is only a guide.

	Anterior Cervical Discectomy and Fusion	Posterior Cervical Decompression and Fusion	Adult Deformity Correction	Paediatric Deformity Correction
Wound Healing	1 to 2	2 to 4	2 to 4	2 to 4
Office / Desk Job	4 to 6	6+	8 to 12+	6+
Manual Job	12+	12+	26+**	12+ N/A**
Driving	Approximately 4 to 6 weeks when you are comfortable getting into and out of a car, can turn your body to look out of the back window and can safely perform an emergency stop.			
Walking	As soon as able. This is an excellent form of gentle exercise to aid your recovery. It is important to slowly pace yourself and build up distances gradually.			
Showering	Initially the wound should be covered by a waterproof dressing whilst taking brief showers. Once it has healed fully longer showers and bathing are permitted.			
Housework	When comfortable. Avoid bending at the back and use your knees. Avoid twisting when hoovering and when ironing make sure the board is set at an appropriate level or you can sit down to iron. Avoid over stretching.			
Lifting	Lifting light objects and shopping can be performed when comfort allows. Avoid bending at the back and use your knees. Use both arms to carry shopping and avoid carrying for long periods.			
Swimming	Your wound must have healed fully before you can swim. If you have been fused please wait until you have had a follow up X-Ray. In line strokes are best following lumbar spine surgery (front crawl and back stroke).			
Gardening	12+	12+	26+	12+ N/A
Cycling	6 to 12+	6 to 12+	12+	12+
Racquet sports, golf, cricket, jogging	12+	12+	26+	26+**
Yoga, Pilates, tai chi, aerobics, gentle aerobic gym activity	12+**	12+**	26 to 52 (if at all)**	26+**
Weight lifting, contact sports, gymnastics (including football and rugby)	26 to 52 (if at all)**	26 to 52 (if at all)**	52+ (if at all)**	52+**

** After discussion with your surgeon

Anticipated Times and Information for Spinal Operations

	Anaesthetic	Operative	Recovery	Length of Hospital Stay	Urinary Catheter
<i>Cervical Surgery</i>					
ACDF IVDR 1-2 Levels	<30 mins	1-2 hours	30-45 mins	1 day	No
ACDF IVDR $\geq$ 3 Levels	<30 mins	2-3 hours	30-45 mins	2 days	No
Anterior Cervical Corpectomy	30-45 mins	2 hours	60 mins	2-3 days	No
Posterior Cervical Decompression +/- Fusion / Laminoplasty	30-45 mins	2-3 hours	60 mins	3 days	No
<i>Lumbar Surgery</i>					
Microdiscectomy / microdecompression	<30 mins	1-2 hours	30 mins	1 day	No
Decompression 1-2 Levels	<30 mins	1-2 hours	30-45 mins	1-2 days	No
Decompression $\geq$ 3 Levels	<30 mins	2-3 hours	45-60 mins	2-3 days	Not Routinely
Decompression and Instrumented Fusion 1-2 Levels	<30 mins	2-3 hours	45-60 mins	3-4 days	Not Routinely
Decompression and Instrumented Fusion $\geq$ 3 Levels	<30 mins	3 hours	60-90 mins	4-5 days	Likely
PLIF / TLIF 1-2 Levels	30-45 mins	3-4 hours	60-90 mins	3-5 days	Likely
XLIF 1-2 Levels	30-45 mins	1-2 hours	60-90 mins	1-2 days	Possible
XLIF 1-2 Levels plus Posterior Surgery	30-45 mins	3-4 hours	60-90 mins	3-4 days	Possible
ALIF 1-2 Levels	30-45 mins	2-3 hours	60-90 mins	3-4 days	Yes
ALIF 1-2 Levels plus Posterior Surgery	30-45 mins	4 hours	60-90 mins	3-5 days	Yes
<i>Deformity Surgery / Other</i>					
Paediatric Posterior Scoliosis Correction	45-60 mins	3-4+ hours	60-90 mins	5 days	Yes
Adult Posterior Spinal Deformity Correction with osteotomy / cages	45-60 mins	5+ hours	60-90 mins	1+ week	Yes
Posterior Thoracolumbar Fracture / Tumour / Infection Fixation	45-60 mins	2-3+ hours	60-90 mins	1+ week	Yes (Possible for Fracture)
Anterior Thoracolumbar Fracture / Tumour / Infection Fixation	45-60 mins	3+ hours	60-90 mins	1+ week	Yes

Useful Links

American Academy of Orthopaedic Surgeons – OrthoInfo

<https://orthoinfo.aaos.org/>

Arthritis UK

<https://www.arthritis-uk.org/>

Back Up – Spinal Cord Injury Charity

<https://www.backuptrust.org.uk/>

BackCare

<https://backcare.org.uk/>

British Association of Spine Surgeons – Patient Area

<https://www.spinesurgeons.ac.uk/patient-area>

British Pain Society

<https://www.britishpainsociety.org/>

Cauda Equina Syndrome Information and Support

<https://www.caudaequina.co.uk/>

Chartered Society of Physiotherapy – Back Pain

<https://www.csp.org.uk/conditions/back-pain>

Education Programmes for Patients in Wales

<https://eppwales.org/>

EUROSPINE Patient Line – Spine Conditions

<https://www.eurospine.org/patients/spine-conditions/>

Getting It Right First Time

<https://gettingitrightfirsttime.co.uk/>

Macmillan Cancer Support

<https://www.macmillan.org.uk/>

Myelopathy.org

<https://www.myelopathy.org/>

National Axial Spondyloarthritis Society

<https://nass.co.uk/>

National Institute for Health and Care Excellence

<https://www.nice.org.uk/>

NHS – Back Pain

<https://www.nhs.uk/conditions/back-pain/>

NHS 111 Wales – Back Pain

<https://111.wales.nhs.uk/backpain/>

North American Spine Society – Patient Resources

<https://www.spine.org/KnowYourBack>

Pain Concern

<https://painconcern.org.uk/>

Patient.info

<https://patient.info/>

Royal Osteoporosis Society

<https://theros.org.uk/>

Scoliosis Research Society – Patients and Families

<https://www.srs.org/Patients>

Scoliosis Support and Research

<https://ssr.org.uk/>

Spinal Injuries Association

<https://www.spinal.co.uk/>

Spine Dragon

<https://www.spinedragon.com/>

Spine-health

<https://www.spine-health.com/>



British Spine Registry – Patient Information

Helping to improve patient care through knowledge

What is the British Spine Registry (BSR)?

It aims to collect information about spinal surgery across the UK. This will help us to find out which spinal operations are the most effective and in which patients they work best. This should improve patient care in the future.

The Registry will allow patient outcomes to be assessed using questionnaires. These will allow surgeons to see how much improvement there has been from treatment.

This has worked for hip and knee joint replacements through the National Joint Registry. We need your help to improve spinal surgery in the UK.

What data is collected?

Your personal details allow the BSR to link you to the surgery you have had. They also allow us to link together all the questionnaires you complete. If you need any further spinal surgery in the future, details of previous operations will be available to your surgeon.

Personal details needed by the BSR are: Name, Gender, Date of birth, Address, Email, NHS number

Your personal details are treated as confidential at all times and will be kept secure. This data is controlled by the British Association of Spine Surgeons (BASS) and held outside the NHS. Personal details will be removed before any data analysis is performed retaining only age and gender. Your personal data and e-mail address will not be available to anyone outside BASS and its secure IT provider. Anonymised data may be released to approved organisations for approved purposes but a signed agreement will restrict what they can do with the data so patient confidentiality is protected.

Your personal data is very important as this will allow us to link details of your diagnosis and surgery with any problems or complications after surgery. You may also be asked to complete questionnaires before and after surgery to work out how successful the surgery has been. These will only be possible if we can connect you to the questionnaires through your personal details.

Do I have to give consent?

No, your participation in the BSR is voluntary and whether you consent or not, your medical care will be the same. Your personal details cannot be kept without your consent. This will be obtained either by getting you to physically sign a consent form or electronically sign one through an email link to a questionnaire or at questionnaire kiosk in the outpatient clinic.

You can withdraw your consent at any time or request access to your data by contacting your Consultant.

Research

Your consent will allow the BSR to examine details of your diagnosis, surgical procedure, any complications, your outcome after surgery and your questionnaires. These are known as 'service evaluations' or 'audits'.

Operation and patient information including questionnaires in the BSR may be used for medical research. The purpose of this research is to improve our understanding and treatment of spinal problems. The majority of our research uses only anonymised information that means it is impossible to identify individuals. From time to time researchers may wish to gather additional information. In these cases, we would seek your approval before disclosing your contact details. You do not have to take part in any research study you are invited to take part in and saying no does not affect the care you receive.

All studies using data from the Registry will be recorded on the BSR website: www.britishspineregistry.com

Children

Parents are asked to consent for data to be collected from their child. Looking at the outcome of spinal surgical procedures is just as vital in children as it is in adults.

Can I find out more information?

The BSR website (www.britishspineregistry.com) contains more information including details of any studies and any information obtained through the Registry data.

If you want to see what data is stored on you, please write us at the BSR Centre (see below).

Contact Details:

Visit our website at:

www.britishspineregistry.com

Send an email to:

Customer.support@amplitude-clinical.com

Consent Form 1: Patient agreement to examination or treatment

This form is to be used for people aged 16 years and over with mental capacity and people under 16 years of age who are Gillick competent

Patient details (or pre-printed label) Patient's surname/family name Patient's first names Date of birth ☐ Male ☐ Female ☐ Non-binary ☐ Other..... NHS Number (or other identifier)	Special requirements (e.g. other language/other communication method) (Please press hard to ensure all 3 copies are legible)
---	---

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)
.....
.....
.....

Anaesthetic This procedure will involve:
☐ general and / or regional anaesthesia ☐ local anaesthesia ☐ sedation ☐ none

Any extra procedures which may become necessary during the procedure
☐ None expected ☐ Blood transfusion.....
☐ Other procedure (please specify)

Statement of health professional (health professional must have appropriate knowledge of proposed procedure)

People aged 16 years and over (are presumed to have capacity to consent to treatment). Please tick ONE box:
☐ In my opinion there are no reasons to doubt the patient's capacity to make this decision; **OR**
☐ The patient's mental capacity to consent to/refuse this treatment has been assessed and the patient has the mental capacity to make this decision. A note of the assessment has been placed on the patient's record.

People under 16 years of age
☐ After a full explanation of the procedure and its risks and benefits, I believe that the child has sufficient maturity and intelligence to be capable of understanding fully the treatment proposed and making a decision based on the information provided. I therefore believe that the patient is **Gillick competent** to make this decision.
The child has ☐ **agreed** / ☐ **declined** to involve someone with parental responsibility in this decision.

Advance Decisions (for patients aged 18 years and over only)
☐ The patient has made a valid and applicable advance decision refusing this treatment / procedure **or** a treatment or procedure which may become necessary during the treatment / procedure in question. *(Ensure the patient completes full details in the Advance Decisions section on the opposite page.)*

Information about the procedure/treatment
I have explained the procedure to the patient. In particular, I have explained:
Intended benefits:

Significant, unavoidable or frequently occurring risks, including any risks of particular significance to this patient:
.....
.....
.....

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

Please include details:
☐ I have provided the following leaflet / cd / dvd / weblink (please specify title of the leaflet and date of issue; title of the cd/dvd and "version" if it has been amended)

Signed Date
Name (PRINT) Job title
Professional registration number (e.g. GMC, NMC, GDC, HCPC, etc)
Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate). I have interpreted the above information to the patient to the best of my ability and in a way in which I believe they can understand.

Signed Date
Name (PRINT) Contact details

Statement and signature of patient

You will be offered a copy of this form. If you have any further questions, do ask – we are here to help you. **You have the right to change your mind at any time**, including after you have signed this form.

I understand:

- the information that I have been given about the examination or treatment described on this form.
- that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- 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.)
- that any procedures *in addition* to those described on this form and which are not the subject of an advance decision (see below) will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I agree to the procedure or course of treatment described on this form.

I do / do not agree* that students may be present during the procedure (*please delete as appropriate).

Advance Decisions (for patients aged 18 years and over only)

- ☐ I have previously made an advance decision refusing this treatment or procedure, but have now changed my mind and am happy to have the treatment / procedure described on this form.
- ☐ I have an existing advance decision refusing a treatment / procedure which may become necessary during the treatment / procedure described on this form. This includes:

(if this advance decision is in writing, file a copy in the medical record. If it is verbal, make detailed notes. If it refuses life sustaining treatment it must be in writing, signed, dated, witnessed, and clearly state that the decision applies even if the patient's life is at risk.)

- ☐ I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion, even if not performing such procedures immediately could or would lead to serious permanent injury or death.

Patient's signature Date

Name (PRINT)

A witness should sign below if the patient is physically unable to sign but has indicated their consent. Young people / children may also like a parent to sign here (see notes).

Signature Date

Name (PRINT) Relationship to patient

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 they have no further questions and wish the procedure to go ahead.

Signed Date

Name (PRINT) Job title

Professional registration number (e.g. GMC, NMC, GDC, HCPC, etc)

I confirm that I still want the procedure / treatment to go ahead.

Patient's signature Date

Name (PRINT)

Patient has withdrawn consent

Ask patient to sign / date here and write **"VOID"** across all pages of the form.

Patient's signature Date

Name (PRINT)

Top copy of form must be retained in the patient's notes.

Copy offered to patient: Welsh copy / English copy / Declined by patient (please circle)

Consent Form 2: Agreement of person with parental responsibility to examination or treatment for a child under 16 years of age who is not Gillick competent (i.e. does not have sufficient maturity or intelligence to consent for themselves)

Patient details (or pre-printed label) Patient's surname/family name Patient's first names Date of birth ☐ Male ☐ Female ☐ Non-binary ☐ Other..... NHS Number (or other identifier)	Special requirements (e.g. other language/other communication method) (Please press hard to ensure all 3 copies are legible)
---	--

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)
.....
.....
.....

Anaesthetic This procedure will involve:
☐ general and/or regional anaesthesia ☐ local anaesthesia ☐ sedation ☐ none

Any extra procedures which may become necessary during the procedure
☐ None expected
☐ Blood transfusion
☐ Other procedure (please specify)

Statement of health professional (health professional must have appropriate knowledge of proposed procedure)

Information about the procedure/treatment
I have explained the procedure to the child and the person with parental responsibility for the child. In particular, I have explained:
Intended benefits:
.....
.....
Significant, unavoidable or frequently occurring risks, including any risks of particular significance to this patient:
.....
.....
.....
I have also discussed:
☐ what the procedure is likely to involve
☐ any particular concerns of this patient and those with parental responsibility for the child
☐ the benefits and risks of any available alternative treatments (including no treatment)
Please include details:
☐ I have provided the following leaflet / cd / dvd / weblink (please specify title of the leaflet and date of its issue; title of the cd/dvd and "version" if it has been amended)

Signed Date
Name (PRINT) Job title
Professional registration number (e.g. GMC, NMC, GDC, HCPC, etc)
Contact details (if child/parent wish to discuss options later)

Statement of interpreter (where appropriate)
I have interpreted the above information to the child and those with parental responsibility to the best of my ability and in a way in which I believe they can understand.
Signed Date
Name (PRINT)Contact details

Statement and signature of person with parental responsibility

You will be offered a copy of this form. If you have any further questions, do ask – we are here to help you and your child. **You have the right to change your mind at any time**, including after you have signed this form. The guidance notes in the inside front cover of the Consent Form Book set out the circumstances in which a person may have parental responsibility for a child.

I confirm that I have parental responsibility for this child.

I understand:

- the information that I have been given about the examination or treatment described on this form.
- that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- that the child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to children having general or regional anaesthesia).
- that any procedure *in addition* to those described on this form will only be carried out if it is necessary to save the life of the child or to prevent serious harm to their health.

I agree to the procedure or course of treatment described on this form.

I have been told about additional procedures which may become necessary during the child's treatment. I have listed below any **procedures which I do not wish to be carried out** without further discussion (refusal of some procedures may mean the health professional has to obtain legal advice).

.....
.....

I do / do not agree* that students may be present during the procedure (*please delete as appropriate).

Signature Date

Name (PRINT) Relationship to the child

Child's agreement to treatment (if child wishes to sign)

I agree to have the treatment I have been told about.

Name Signature

Date

Confirmation of consent (to be completed by a health professional when the child is admitted for the procedure, if the parent/child has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the child and those with parental responsibility for the child that they have no further questions and wish the procedure to go ahead.

Signed Date

Name (PRINT) Job title

Professional registration number (e.g. GMC, NMC, GDC, HCPC, etc)

I confirm that I still want the procedure/treatment to go ahead.

Parent's signature Date

Name (PRINT)

Person with parental responsibility has withdrawn consent

Ask person with parental responsibility to sign/date here and write **"VOID"** across all pages of the form.

Parent's signature Date

Name (PRINT)

Post Operative Spinal Information

You have just undergone the following spinal operation:

It is important that you follow the post-operative instructions explained to you by the hospital staff. Here is some additional information:

Your Follow Up Appointment:

A follow up appointment to see a member of the surgical team will be made for you on discharge. This should be in approximately.....

Your Wound:

It is normal to experience some pain around your wound over the coming weeks. This should gradually settle and is different to any underlying back and neck pain. Your wound will be checked and redressed on the ward before you are discharged. Provided there are no problems, it should then be checked by a healthcare professional in and any clips or stitches should be removed.

Wounds usually take between 3 and 4 weeks to heal (but sometimes longer). The staff on the ward will give you instructions about washing. In short, after you are discharged, a brief shower with the wound covered by a waterproof dressing should be fine. You should avoid soaking in a bath.

Spinal wound infections can be serious and you should not start any antibiotics until your surgeon is made aware of the situation. If you experience any bleeding, oozing, discharge, worsening of wound pain, swelling, generally feeling unwell, sweating, fevers or headaches then please seek help from a healthcare professional or contact the ward or your surgeons' secretary.

Back and Neck Pain:

When spinal surgery is performed for back and neck pain it can take several months before any benefit is noticed (if at all). Indeed, the pain can be worse in the initial post-operative period simply because you have had an invasive procedure on an already painful part of your body. If however you are experiencing worsening or new pain, or, worsening or new symptoms of numbness, weakness, balance, walking problems, bladder or bowel problems then please seek help from a healthcare professional or contact the ward or your surgeons' secretary.

Arm and Leg Pain:

Spinal operations are frequently performed to improve pain in the arms or legs due to nerve compression. The time it takes for any benefits to be noticed can vary. Occasionally, due to your bodies normal healing process a flare of pain can occur in the post-operative period. If however you are experiencing worsening or new pain, or, worsening or new symptoms of numbness, weakness, balance, walking problems, bladder or bowel problems then please seek help from a healthcare professional or contact the ward or your surgeons' secretary.

Deep Venous Thrombosis:

Clots in the legs (and rarely the arms) can occur in patients undergoing spinal surgery. Your surgeon will have assessed you as to your risk of clots and a preventative treatment plan initiated. For the majority of patients this consists of a period wearing TED stockings until you are back to your normal mobility. If you have any questions please discuss them with a member of the healthcare team prior to discharge.

Collars and Braces:

Some patients require a neck collar or lumbar brace following surgery. The staff on the ward will show you how to fit it and give you instructions on how to go about changing it and washing yourself. You should not discard it until reviewed at your follow up appointment.

Physiotherapy Following Spinal Fusion Surgery:

A fusion procedure is carried out to stiffen a segment of the spine and to stop it moving thereby helping the underlying problem. Physiotherapy is used to keep stiff things moving (the opposite). The bones in your spine can take up to a year to fuse and sometimes longer. During the first 3 months following a fusion procedure you should take things easy and not excessively move the fused / operated part of your spine. This does not mean you should remain inactive but that you should avoid certain activities.

Smoking and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs):

These should be avoided following fusion surgery as they delay and prevent bony healing.

Activities / Employment / Driving / Sports / Things to Avoid:

Following lumbar surgery (in particular a discectomy) it is important to avoid bending, lifting and twisting all at the same time especially in the initial post-operative period of six weeks. For example, turning to pick something up off the floor. Please remember to use your knees when bending. The following is a guide for the majority of cases but please note that it varies depending on the individual patient and the surgery that they have had.

Office / desk jobs - you should be able to return to work once the wound has healed and you feel comfortable. This can vary but is usually between 4 and 6 weeks but can be longer.

Manual laboring jobs - this can vary considerably and is usually discussed at your follow up appointment. You should be able to perform administrative tasks as above.

Return to driving - this is usually around the 6 week mark when you are comfortable getting into and out of a car, can turn your body to look out of the back window and can safely perform an emergency stop.

Walking - is an excellent form of gentle exercise to aid your recovery. It is important to slowly pace yourself and build up distances gradually.

Housework - once you are comfortable gentle housework should be fine. Remember to avoid bending at the back and use your knees. Avoid twisting when hoovering and when ironing make sure the board is set at an appropriate level or, you can sit down to iron. When shopping, avoid carrying heavy loads for long periods.

Babies and Children - when lifting babies and toddlers keep them close to your body keep your back straight and use your knees. When putting your child into a fixed car seat, put one foot into the foot well and slide the child on and off your thigh into the seat. Ask your partner for as much help as possible during the first 6 weeks after your operation.

Swimming - this can vary but will usually be after your follow up appointment. Your wound must have healed fully before you can swim. In line strokes are best following lumbar spine surgery (front crawl and back stroke).

Gardening, cycling, gentle aerobic activity in the gym, yoga, pilates, tai chi etc. - this can vary and should be avoided until discussed at your follow up appointment.

Weightlifting and Contact sports – this is usually avoided for at least 3 months following simple procedures and 6 to 9 months following fusions (sometimes longer). Occasionally return to certain activities will not be advised.