

## INFORMATION FOR PATIENTS UNDERGOING SURGERY DURING THE CORONAVIRUS PANDEMIC

Your Surgeon has recommended a surgical treatment for your spinal condition. All options should have been discussed with you including non-operative treatments and delaying surgery at this time.

In addition to the usual risks and benefits of the operation, it is important that you are made aware of specific risks during the coronavirus (COVID-19) pandemic and that you also take certain precautions as recommended by your medical team.

Coming into hospital will require you to come into contact with members of staff who could unknowingly be carrying coronavirus. Equally you could be infected but not yet showing symptoms. Most hospitals will ask you to self isolate and test you prior to planned surgery and postpone surgery if you test positive. There may be circumstances where the clinical urgency of your condition means that surgery will be offered despite your infection status not being known.

Although we are still gathering evidence about this, there are reports stating that if you have an operation with coronavirus in your system (even without symptoms) there is a significant risk that you could end up being ill enough with coronavirus to need a ventilator on an intensive care unit. There is even a significant risk of death if this happens. The risk of these things happening if you don't have the coronavirus in your system is thought to be less. However, because you are in a hospital environment, your risk of catching coronavirus may increase.

We are learning about the coronavirus all the time. There may be some risks that we are not aware of yet that may also affect your outcome from surgery.

In light of the information above, if you decide to delay treatment your consultant will discuss alternative options at this time.

If you decide to go ahead, we require you to sign this form indicating that you have read it, understood it and have no further questions.

I confirm I have read the information above, I understood it and I have no further questions		
Name of patient	Signature	Date
Name of person taking consent	Signature	Date