

**Patient's Request for Treatment – Lumbar decompression & Discectomy Surgery**

I .....(Patient full Name),  
my Date of Birth is ....., and I reside at the following address .....

I am aware and understand **that different treatment options are available** as mentioned in the table below. I understand not all options may be appropriate for me and many factors could influence the choice of treatment. I am also aware that the quality of available evidence to support each option is varied.

<b>1</b>	<b>No treatment / Take no action</b>
<b>2</b>	<b>Pharmacological interventions / Medication such as</b> - Anti-inflammatory drugs (NSAIDs); Weak opioids like codeine (with or without paracetamol); Opioids (tramadol, Morphine derivatives, etc); tricyclic antidepressants (Amitriptyline); Anticonvulsants (Gabapentin, Pregabalin); Topical ointments; Transdermal (skin) Patch; Others
<b>3</b>	<b>Non-invasive interventions such as</b> - <b>Self-management, Exercise; Manual therapies</b> – traction, manual therapy (spinal manipulation, massage, etc.); <b>Electrotherapies</b> – ultrasound, PENS, TENS, interferential therapy; <b>Alternative Medicine</b> – Acupuncture, etc.; <b>Psychological therapy; Combined physical &amp; psychological programmes; Others</b>
<b>4</b>	<b>Invasive Non-surgical interventions such as</b> - <b>Spinal injections, Radiofrequency denervation, Others</b>
<b>5</b>	<b>Invasive Surgical interventions such as</b> - <b>Spinal decompression, Spinal fusion, Disc replacement, Others</b>

**As per my entitlement to treatment, I REQUEST THE TREATMENT(S) AS DETAILED ON THIS FORM.**

**Name of the proposed procedure(s)** (in patient own words)

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The procedure has been explained to me, with the help of (circle all relevant) Verbal / Bone Models / Illustrations / Printed information sheet version ..... Dated ..... I had been advised to obtain further information from Website and other online resources.

**I have signed an informed consent form for this procedure dated ..... and received a copy.**

I am aware and understand the following “intended benefits” and “the various type of risks” associated with this treatment / procedure and have ticked the respective boxes to confirm this. I have been given the benefit and risk document (Version.....) with more details.

<b><u>Intended Benefits</u></b>	
	<b>Main aim is to partially reduce Leg pain</b> (Right / Left / Both)
	<b>Not aimed to relieve Back pain</b> , but more than 50% could have partial improvement of back pain.
	<b>To improve Walking distance &amp; Claudication Pain</b> associated with walking. (In patients suffering from Spinal Stenosis)
	<b>Partial or No Improvement of Weakness of the muscle power</b> – tends to vary & the improvement would be gradual (could take from a few weeks to 18 months).
	<b>Numbness – No or Partial Improvement</b> (If improves, Numbness mainly recovers gradually after a few weeks & can improve up to 18 months post-surgery).

<b><u>Frequently occurring Risks -</u></b>	
	Irritation to the nerve roots – can result in a temporary increase in tingling sensation or numbness or weakness (about 5%)
	Minor Wound healing problems & reaction to skin sutures (3%) needing repeated wound care and Dressings.
	Difficulty to pass urine in the post-surgery period (due to pain, difficult to mobilise, etc.) & <i>needing Urinary Catheterisation for a few days</i>
	Puncture / Tear / Bruising of the membrane (dura) covering the nerves (4%) causing spinal fluid leak, headache, wound problem, re-surgery & increased hospital stay
	Some Increase in Back pain. In 2 out of 10 patients the severity of pain could be moderate or severe with decreased mobility. The pain could last for a few weeks or months, depending on the amount of disc tissue lost & the healing of the remaining disc. About 20% can develop mild to moderate chronic back pain.
	Blood Loss – bleeding during or after surgery – The blood loss is about 100 to 500 ml (for single level surgery), 300 ml to 800 ml (Two level surgery); Need for blood transfusion is very rare in single level surgery and occasionally in two levels surgery. Risk of Haematoma formation & nerve compression (<1%).
	Need for Repeat surgery or Spinal injections (about > 20% in 8 years) – Due to recurrent disc prolapse (5% to 8%) or gradual worsening of Spinal arthritis or Spinal Canal narrowing, Scaring around the nerve roots & others. All these sequelae can lead to recurrence or Increase in back or leg pain.
<b><u>Occasionally occurring Risks -</u></b>	
	Blood clots in leg (deep vein thrombosis about 1 to 2%) & dislodging to the lung (pulmonary embolism, Very rare).
	Surgical site Infection (Rare, less than 0.5% in the last 7 years)
	Additional Risks of Covid-19 infection (as mentioned in Covid-19 Consent form).
	Risk of General anaesthesia – Nausea & Vomiting; Cardiac, Respiratory & other Medical complications – Risks increase with age & additional co-morbidities. Due to Face down(prone) position during surgery, could lead to pressure area Bruises in face, Trunk, legs. Very rarely injury to the eyes.
	Damage to Nerve - resulting in permanent numbness & weakness of the legs (feet & the toes) (1%), Bladder / Bowel / Sexual dysfunction (1%)
<b><u>Very Rare &amp; Serious Risks</u></b>	
	Severe damage to spinal nerves – resulting in severe paralysis & numbness of both legs, bowel and bladder (very rare)
	Vascular injury to major abdominal blood vessels – causing serious bleeding (very rare)
	Death (very rare). Currently the risk could be <b>higher with Covid-19 Pandemic</b> .

	I understand the duration of hospital stay and the recovery from surgery, return to employment and ability to carry out various activities tends to vary due to different factors.
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I have had the opportunity to discuss all the relevant information with the doctors. I have reflected on the possible benefits and risks. I have been given clarification as requested. I need no further explanations and have no further questions. **I am happy to proceed with the proposed Procedure at my request, understanding these risks and benefits.**

Patient's Signature :	Doctor's Signature :
Name :	Name : <b>Raman Kalyan</b>
Date :	Date :