Hospital ID sticker



## **CONSENT FOR VERTEBROPLASTY AND KYPHOPLASTY**

	Procedure, Side and Leve	ls	
Su	rgeon's signature	Date	Date of Surgery
<u>Su</u>	rgeon to read this following	paragraph to patient:	
cor fur ter circ	mplications which can occur. action and you may even need apporary. We have mentioned	Occasionally some of these d to have a second operation of these complication of the second as much	peration, what we are trying to achieve for you and the se can be quite significant, including permanent loss of ion. Most however, are less significant and often ions below but it is not a full list and other unforeseen information as you need and want to have, so that you caron.
Ple	ase sign each of the sections	below together with the fe	formal <u>Hospital Consent Form.</u>
1.	I understand the main principles of the operative procedure that my spinal surgeon is to undertake. I have read the information booklet previously given to me about my operation. I feel that I have been given every opportunity to ask any questions about this procedure.		
	Signature:	Da	ate:
2.	I understand that the surgery in question is not a "cure" but it is the nature of spinal surgery to expect a good percentage improvement. I also understand that improvements may not be immediate but may be gained in the longer term. I am also aware of the likely outcome if I do not have surgery.		
	Signature:	Da	ate:
3.	I understand that complications may occur including misplacement of the metal cannula, injection of the cement outside the vertebral body, which may cause thermal and pressure problems in the spinal canal, this may in turn cause neurological problems including in extreme cases paralysis. Other risks include embolisation or the travelling of particles of cement, air or bone marrow fat, which may stress the lungs, heart and other organs. The mixture injected may also cause the heart to be sensitive and cause irregular heart beats.		
	Signature:	Da	ate:
4.	surgery which, in extreme c	ircumstances, might includ	complications which have been recorded from this type of de: death, paralysis, eye complications including crious anaesthetic and medical problems.
	Signature:	Da	rate:

• Please see further accompanying consent form for 'surgical outcome data' to be sent to the British Spinal Registry