

Peak Orthopedics and Spine

Potential Risks in Spine Surgery

1. You are choosing to have spine surgery; you have the right to cancel at any time.
2. Wound complications such as an infection, hematoma (collection of blood), or other wound breakdown may require additional treatment and/or surgery.
3. Scar tissue can form on nerves, the spinal cord, or supporting structures, making your condition worse or resulting in stiffness.
4. You may require surgery in the future to treat your disease at the current disc or at another disc.
5. Neurologic injury resulting in partial or complete, temporary or permanent paralysis may occur. Incontinence with loss of bowel, bladder, and sexual function may result.
6. Manipulation of spinal nerves may result in permanent loss of function, or worsening of arm or leg pain. Abnormal function of the nervous system such as CRPS (Complex Regional Pain Syndrome) can result in serious disability and pain.
7. A tear in the lining of the nerve can leak spinal fluid resulting in additional symptoms.
8. You may experience worsening of medical conditions without reason or warning; anesthesia and/or effects of surgery can result in: heart attacks, stroke, pneumonia, blood clots in the leg and/or lungs, BLINDNESS, and even DEATH.
9. Metal screws, rods, plates, or other implanted materials can break or move and result in injury to: blood vessels, nerves, or adjacent structures.
10. Implantation of foreign substances such as instrumentation or bone graft material may result in delay of healing and/or failure of fusion (pseudarthrosis). These may require additional surgery or result in persistent pain.
11. Bone graft pain, anterior thigh pain, numbness, change in skin temperature and/or swelling of the leg can occur and may be permanent.
12. Retrograde ejaculation and/or damage to blood vessels, bowel, bladder, or ureter may result from anterior lumbar surgery. Anterior cervical spine surgery may be associated with hoarseness and/or difficulty swallowing.

I have been informed of the risks of spinal surgery, including but not limited to the risks listed above. All questions regarding my risks have been answered to my satisfaction.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____