Addendum to Informed Consent Form
Spinal Surgery

JATANASPINE
Patient Centered Surgical Care of the Spine
A partnership in:
Denver Spine Surgeons

I understand that not having surgery may result in progressive symptoms such as continued or worsened pain and/or progressive nerve damage resulting in weakness, paralysis, loss of bladder/bowel control.

Spinal Surgery Risks:

Persistent/Worsened Symptoms	Damage to Spinal Cord, **Nerve Roots**, Major Vessels	
Damage to Bowel	**Dural Leak** requiring repair and/or extending hospital stay	
Paralysis	Long-term Treatment of Infection	
Bladder/Sexual Dysfunction	Adjacent Level Disease Requiring Surgery	
Re-operation	Spinal Instability and Further Degeneration of Spine	
Failure of fusion	Pain at Bone Graft Site	**Recurrent/New Disease**

Hardware Risks:

Removal of Hardware	Movement of Hardware	Failure of Hardware

Pain Medications

I understand that narcotic analgesics may be necessary after surgery and that the use of these medications can be addictive or habit forming. I anticipate being off these medications approximately 3 – 6 months after surgery. I understand that I will not be prescribed narcotic analgesics 3 - 6 months after surgery and agree to this without reservations. I understand that I will be required to sign a pain contract.

Do not sign unless you have read and thoroughly understand this form!

Patient's Consent

I have read and fully understand this spine specific addendum to the consent form, and understand that I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction or if I do not understand any of the terms or words contained in the consent form.

_____ _____ _____ _____

Patient Signature/Surrogate (indicate relationship) Witness Date Time

Physician's Statement

I have explained the contents of this document to the patient or Surrogate Decision-maker and have answered all the patient's questions. To the best of my knowledge, the patient or decision maker understood the discussion and consents to the procedure.

_____ _____ _____

Physician's Signature Date Time

ANY CHANGESOR STRIKE-OUTS MUST BE INITIALED BY PATIENT (OR SUBSTITUTE DECISION- MAKER) AND PRACTITIONER