

Addendum to Informed Consent Form

- Spinal Surgery



ORTHOPEDIC CENTERS OF COLORADO

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:

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

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 months after surgery. I understand that I will not be prescribed narcotic analgesics 3 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 CHANGES OR STRIKE-OUTS MUST BE INITIALED BY
PATIENT (OR SUBSTITUTE DECISION-MAKER) AND PRACTITIONER

Patient Label