Patient information and consent to lumbar discectomy

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.
- Please read this information carefully, you and your health professional will sign it to document your consent.
- It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.
- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.
- Laxatives and painkillers may be required after your hospital stay; please ensure you have appropriate supplies at home.
- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.
- If you have any questions or concerns about this procedure please call the clinical nurse practitioner or secretary for your consultant. Any concerns regarding the organisation of your admission date may be dealt with by the Neuroscience Admissions Office on 01223 217100.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

Lumbar discectomy, CF081, V7, March 2017
Patient Information

All information we hold about you is stored according to the Data Protection Act 1998.

About lumbar discectomy

You have been recommended an operation to relieve the pressure on a nerve passing from you back to your leg.

This pressure on the nerve passing from your back to your leg(s) may cause you pain, numbness or weakness and sometimes a disturbance in bladder function. The diagnosis of a prolapsed disc is confirmed by magnetic resonance imaging (MRI) scan. Not all patients who have this condition need surgery; symptoms may improve spontaneously without surgery.

Intended benefits

The aim of the surgery is to relieve the pressure on a nerve passing from your back to your leg. The success rate for this operation is very high. About 90 to 95% of patients get relief from their leg pain and are able to return to work and a full range of normal social and sporting activities.

Who will perform my procedure?

This procedure will be performed by a consultant neurosurgeon or consultant orthopaedic spinal surgeon or neurosurgical specialist registrar supervised by a consultant.

Before your procedure

Most patients attend a pre-admission clinic, when you will meet the consultant neurosurgeon or specialist registrar and the clinical nurse practitioner. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

We need to know if you are taking any of the following tablets as they thin the blood which may cause excessive bleeding at the time of surgery:

- Asprin
- Warfarin
- Clopidogrel
- Or any other medication which may thin your blood.
If to your knowledge the answer to any of the following is yes, it is important that you tell us:

- Have you ever received Human Growth Hormone;
- Have you had brain surgery prior to 1992 or;
- Has anyone in your family been diagnosed with CJD?

A positive answer will not prevent any treatment, it will however allow us to take infection control advice and plan your procedure so as to minimise any risks.

This procedure involves the use of general anaesthesia. The anaesthetist will see you before the procedure to assess your general state of health and discuss the details of the anaesthetic with you.

You will be admitted on the day of your operation this will normally be first thing in the morning. You should stop having anything to eat or drink from midnight the day before your operation. We will advise you at the preadmission clinic which drugs you should take on the morning of your operation.

Most people who have this type of procedure will go home later the same day.

During surgery, you may lose blood. If you lose a considerable amount of blood your doctor may want to replace the loss with a blood transfusion as significant blood loss can cause you harm. The blood transfusion can involve giving you other blood components such as plasma and platelets which are necessary for blood clotting. Your doctor will only give you a transfusion of blood or blood components during surgery, or recommend for you to have a transfusion after surgery, if you need it.

Compared to other everyday risks the likelihood of getting a serious side effect from a transfusion of blood or blood component is very low. Your doctor can explain to you the benefits and risks from a blood transfusion. Your doctor can also give you information about whether there are suitable alternatives to blood transfusion for your treatment. There is a patient information leaflet for blood transfusion available for you to read.

**During the procedure**

A small incision will be made in the skin of your back overlying the affected area. The part of the prolapsed (slipped) disc that is putting pressure on the nerve is removed, but most of the disc material is left in place.

**After the procedure**

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious.
They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

**Eating and drinking.** After this procedure, you should not have anything to eat or drink until your medical team considers it safe. This is usually two hours after the procedure, provided you do not feel sick. The nursing staff will advise you.

**Getting about after the procedure.** You will be able to get out of bed later on the day of your operation. We will give you an information leaflet (exercise programme following surgery of the lumbar spine) which outlines some exercises for you to do once you are at home. If it is felt necessary a member of the physiotherapy team will assess you. Outpatient physiotherapy is not usually required.

**Leaving hospital.** Generally most people who have had this operation will be able to leave hospital later the same day. However, the actual time that you stay in hospital will depend on your general health, how quickly you are recovering from the procedure and your doctor’s opinion.

**Resuming normal activities including work.** Once you are home, you should gradually increase your activity towards normal levels. After the operation any pain you were experiencing in your leg should get better quickly. Many patients who have this operation have discomfort in their back. Your doctor will advise you on how quickly you can resume normal and more vigorous activity. You can resume driving when you feel comfortable; this is provided that you were considered safe to drive by a doctor before the operation.

**Special measures after the procedure:** We will give you further information about any special measures you need to take after the procedure. We will also give you information about things to watch out for that might be early signs of problems (eg infection).

**Care of your wound:** It is likely that your wound will be closed with absorbable stitches but we will confirm this with you prior to discharge. We advise that a dressing is kept in place for 48 hours, after which it can be removed. You can shower when you get home but avoid getting water directly on the wound and do not have a bath for the first two weeks.
**Check-ups and results**: Your condition will be reviewed three months following the operation to make sure that progress is satisfactory.
Significant, unavoidable or frequently occurring risks of this procedure

- Risks of surgery. Operation to treat a prolapsed lumbar (back) disc has been widely practised since the 1930s. It is a very safe procedure and serious complications are extremely rare.
- At the time of surgery there is a small risk of damage to the nerve root at the time of surgery. This risk is less than 1% (1 in 100). If it does occur, you might notice increased numbness in part of your leg and/or some weakness of movement at the ankle.
- If weakness develops, it might result in a ‘foot drop’; this is permanent in very few people.
- Sometimes during the operation we find that the waterproof membrane surrounding the nerves is very adherent (sticky) to the surrounding structures. If it is torn during the operation, there is a risk of leakage of fluid from the wound. The tear can easily be repaired during the operation.
- There is a small risk of wound infection (less than 1%) and this can sometimes need prolonged (long) treatment with antibiotics.
- There is a very small risk of damage to the nerves that supply the bladder and bowel which could result in incontinence or loss of sexual function.

General risks associated with all major operations and from being hospitalised: eg bleeding, infection, blood clots.

Alternative procedures that are available

- The alternative to this surgery is to decide not to have surgery.
- It can be an option to wait and see if your symptoms improve spontaneously.

Information and support

You can contact the clinical nurse practitioner for your consultant via the main hospital switchboard or via the neurosurgical secretary if you have further concerns. Further information on spinal conditions is available via the website www.brainandspine.org.uk

Anaesthesia

Your operation will be carried out under general anaesthetic.

Anaesthesia means ‘loss of sensation’. There are three types of anaesthesia: general, regional and local. **The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness.** Sometimes different types of anaesthesia are used together.
Before your operation

Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

Moving to the operating room or theatre

You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room and before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If a regional anaesthetic is going to be performed, this may be performed at this stage. If you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.

It is common practice nowadays to allow a parent into the anaesthetic room with children; as the child goes unconscious, the parent will be asked to leave.

General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

Lumbar disectomy, CF081, V7, March 2017
Regional anaesthesia

Regional anaesthesia includes epidurals, spinals, caudals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you and, if you are to have a general anaesthetic as well, whether the regional anaesthesia will be performed before you are given the general anaesthetic.

Local anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted. Some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.

Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as a local or regional anaesthetic. The anaesthesia prevents you from feeling pain and the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.

What will I feel like afterwards?

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia although when the effects of the anaesthesia wear off you may need pain relieving medicines.
What are the risks of anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.

Very common (1 in 10 people) and common side effects (1 in 100 people)
Feeling sick and vomiting after surgery
Sore throat
Dizziness, blurred vision
Headache
Bladder problems
Damage to lips or tongue (usually minor)
Itching
Aches, pains and backache
Pain during injection of drugs
Bruising and soreness
Confusion or memory loss

Uncommon side effects and complications (1 in 1000 people)
Chest infection
Muscle pains

Slow breathing (depressed respiration)
Damage to teeth
An existing medical condition getting worse
Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications
Damage to the eyes
Heart attack or stroke
Serious allergy to drugs
Nerve damage
Death
Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: www.rcoa.ac.uk
Information about important questions on the consent form

1  Creutzfeldt Jakob Disease (‘CJD’)
We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2  Photography, Audio or Visual Recordings
As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3  Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4  Use of Tissue
As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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Consent Form

Patient agreement to investigation or treatment for neurosurgery, spinal surgery or vitreoretinal surgery

 Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): ......................................................... Date: ..................

Name (PRINT): ........................................................................

Or, please note the language line reference ID number:

Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital

File in the procedures and consents section of the casenotes

CF081 Lumbar discectomy Version 7 March 2017
Lumbar discectomy

Statement of health professional (details of treatment, risks and benefits)

1. I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital's consent policy. I have explained the procedure to the patient. In particular, I have explained:

   a) the intended benefits of the procedure (please state)
   90-95% patients get relief from their leg pain

   b) the possible risks involved. Addenbrooke's always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient.

   Damage to nerve root, foot drop, leakage of fluid from the wound, wound infection and damage to the nerves.

   c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:

   d) any extra procedures that might become necessary during the procedure such as:
      □ Blood transfusion □ Other procedure (please state)

2. The following information leaflet has been provided:
   Lumbar Discectomy
   Version reference and date: CF081 Version 7 March 2017
   or □ I have offered the patient information about the procedure but this has been declined.

3. This procedure will involve:
   □ General and/or regional anaesthesia □ Local anaesthesia □ Sedation □ None

Signed (Health professional): Date: DD/MM/YYYY
Name (PRINT): Time (24hr): HH:MM
Designation: Contact/bleep no:
C Consent of patient/person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information on ‘Consent’ and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
   a) Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional. □ Yes □ No

   b) Have you had a history of CJD or other prion disease in your family? □ Yes □ No

   c) Have you ever received growth hormone or gonadotrophin treatment? □ Yes □ No
      If yes, please give details below:
      Please specify:
      (i) whether the hormone was derived from human pituitary glands □ Yes □ No
      (ii) the year of treatment
      (iii) whether the treatment was received in the UK or another country □ UK □ Other

   d) Have you ever had surgery on your brain, eye or spinal cord? □ Yes □ No
      If yes, please give details below:

   e) Since 1980, have you had any transfusions of blood or blood components (red cells, plasma, cryoprecipitate or platelets)? □ Yes □ No
      If yes, please answer questions below:
      Have you either:
      (i) received more than 50 units of blood or blood components, □ Yes □ No
      or
      (ii) received blood or blood components on more than 20 occasions □ Yes □ No

      Where possible, please provide the names of all the hospitals where you received blood or blood components:

In the case of a positive reply to any CJD question, staff should immediately inform Infection Control on ext 3497 (bleep numbers 152-198 or 151-803) and the theatre co-ordinator (24 hour bleep number 152-585); out of hours contact the on call medical microbiologist via the hospital contact centre.

2 Photography, Audio or Visual Recording
   a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. □ Yes □ No

   b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. □ Yes □ No

3 Medical Training
   I agree to the involvement of medical and other students as part of their formal training. □ Yes □ No
4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

☐ Yes ☐ No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

☐ Yes ☐ No

I have listed below any procedures that I do not wish to be carried out without further discussion.


I have read and understood the Patient Information entitled Consent and the above additional information. I agree to the procedure or treatment.

Signed (Patient): __________________________________________ Date: __________ __________ __________ __________ __________

Name of patient (PRINT): ____________________________________________________________

If signing for a child or young person; delete if not applicable.

I confirm I am a person with parental responsibility for the patient named on this form.

Signed: __________________________________________ Date: __________ __________ __________ __________ __________

Relationship to patient: _____________________________________________________________

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): __________________________________________ Date: __________ __________ __________ __________ __________

Name of witness (PRINT): ____________________________________________________________

Address: ____________________________________________________________________________

D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)

On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): __________________________________________ Date: __________ __________ __________ __________ __________

Name (PRINT): _________________________________________________________________ Job title:

Please initial to confirm all sections have been completed: _____________________________

E Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): __________________________________________ Date: __________ __________ __________ __________ __________

Signed (Health professional): __________________________________________ Date: __________ __________ __________ __________ __________

Name (PRINT): _________________________________________________________________ Job title:
British Spine Registry – Patient Information

*Helping to improve patient care through knowledge*

**What is the British Spine Registry (BSR)?**

It aims to collect information about spinal surgery across the UK. This will help us to find out which spinal operations are the most effective and in which patients they work best. This should improve patient care in the future.

The Registry will allow patient outcomes to be assessed using questionnaires. These will allow surgeons to see how much improvement there has been from treatment.

This has worked for hip and knee joint replacements through the National Joint Registry. We need your help to improve spinal surgery in the UK.

**What data is collected?**

Your personal details allow the BSR to link you to the surgery you have had. They also allow us to link together all the questionnaires you complete. If you need any further spinal surgery in the future, details of previous operations will be available to your surgeon.

Personal details needed by the BSR are: Name, Gender, Date of birth, Address, Email, NHS number

Your personal details are treated as confidential at all times and will be kept secure. This data is controlled by the British Association of Spine Surgeons (BASS) and held outside the NHS. Personal details will be removed before any data analysis is performed retaining only age and gender. Your personal data and e-mail address will not be available to anyone outside BASS and its secure IT provider. Anonymised data may be released to approved organisations for approved purposes but a signed agreement will restrict what they can do with the data so patient confidentiality is protected.

Your personal data is very important as this will allow us to link details of your diagnosis and surgery with any problems or complications after surgery. You may also be asked to complete questionnaires before and after surgery to work out how successful the surgery has been. These will only be possible if we can connect you to the questionnaires through your personal details.
Do I have to give consent?

No, your participation in the BSR is voluntary and whether you consent or not, your medical care will be the same. Your personal details cannot be kept without your consent. This will be obtained either by getting you to physically sign a consent form or electronically sign one through an email link to a questionnaire or at questionnaire kiosk in the outpatient clinic. You can withdraw your consent at any time or request access to your data by contacting your Consultant.

Research

Your consent will allow the BSR to examine details of your diagnosis, surgical procedure, any complications, your outcome after surgery and your questionnaires. These are known as ‘service evaluations’ or ‘audits’.

Operation and patient information including questionnaires in the BSR may be used for medical research. The purpose of this research is to improve our understanding and treatment of spinal problems. The majority of our research uses only anonymised information that means it is impossible to identify individuals. From time to time researchers may wish to gather additional information. In these cases, we would seek your approval before disclosing your contact details. You do not have to take part in any research study you are invited to take part in and saying no does not affect the care you receive.

All studies using data from the Registry will be recorded on the BSR website:
www.britishspineregistry.com

Children

Parents are asked to consent for data to be collected from their child. Looking at the outcome of spinal surgical procedures is just as vital in children as it is in adults.

Can I find out more information?

The BSR website (www.britishspineregistry.com) contains more information including details of any studies and any information obtained through the Registry data.

If you want to see what data is stored on you, please write us at the BSR Centre (see below).

Contact Details:

Visit our website at:
www.britishspineregistry.com

Send an email to:
Customer.support@amplitude-clinical.com
British Spine Registry Consent Form

Helping to improve patient care through knowledge

Please tick to confirm that you have been given / read the ‘BSR patient information leaflet’

Surname: __________________________________________________________

First Name: ________________________________________________________

Date of Birth: _____/_____/____

Postcode: _______________________________

Email address (if you are happy for us to send you email links to questionnaires):

____________________________________________________________________

I CONSENT to:

• Personal details being recorded in the British Spine Registry.
• I understand information in the Registry will be used to look at the outcomes of treatment and may be used for research purposes and results will be published.
• I understand that data identifying me will not be released to anyone unless required by law or where there is a clear public need to do so.
• Your data may be accessed by other spinal medical professionals in the future who are involved in your medical care.
• I understand that I may ask for my details to be removed at any time and may request access to my personal data.
• I understand that my health data may be linked to other national health databases.

Patient / Parent agreement to data collection for Registry and Research:

Signature: __________________________________________ Date: _____/_____/____

To be completed by the person accepting patient consent

Name: ________________________________ Position_____________________________

Signature: ________________________________ Date: _____/_____/____

This form should be retained.

Lumbar discectomy, CF081, V7, March 2017