



## Example Consent Form:

### **A . Name of proposed procedure**

Posterior cervical decompression

### **B . Risks of proposed procedure (including, but not limited to)**

Post-operative neck pain [Fairly common, but generally settles within 3-4 weeks]

Infection [<1%]

Blot clot requiring reoperation to remove [1-2%]

Damage to spinal cord, leading to short term or permanent neurological deficit such as paralysis [<1%]

CSF Leak

Recurrence

### **C . Intended benefits of proposed procedure**

Symptom improvement and prevention of symptom worsening.

### **D . Alternatives to proposed procedure**

To watch and wait: the natural history of CSM is not fully known, but disease progression can lead to paralysis and incontinence.

### **E . Additional procedures that will be required**

General Anaesthetic

### **E . Additional procedures that may become necessary during the proposed procedure**

Blood Transfusion

**Signed** (Healthcare Professional) \_\_\_\_\_

**Name** (Print) \_\_\_\_\_

**Signed** (Patient) \_\_\_\_\_

**Name** (Print) \_\_\_\_\_