



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) _____