

Date:

Time: AM/PM

High Risk Consent for Spine Surgery

I, Mr. /Mrs. (Hosp No.....) aged years admitted at, am diagnosed to be suffering from

.....
I have been advised to undergo the spinal surgery in the form of

.....
I have been explained regarding the risk involved with the aforementioned surgery such as

- 1) Peri-operative death (1%)
- 2) Ventilatory care and ICU admission (1%)
- 3) Paralysis of lower limbs and / or upper limbs (Paraplegia/Quadriplegia) (1%)
- 4) Bowel and/or bladder involvement: inability to pass or control urine and/or motion (1%)
- 5) Operative site infection (1%)
- 6) Nonunion/ pseudarthrosis (1%)
- 7) Implant failure (1%)
- 8) Temporary or permanent physical/psychological disability (1%)
- 9) Need for revision surgeries or procedures (1%)
- 10) Temporary or permanent blindness (<1%)

I have been given the choice of Indian/Imported implants and I choose Indian/Imported Implants.

All the above information has been explained to me in the language that I fully understand and in my full conscience. I have clearly explained regarding the benefits and risks involved in the above surgery. I fully understand the condition that I am suffering from and the implications of the surgery on my life and health. I hereby give my full consent to the doctor to undertake the proposed surgery on me, knowing well enough the risks involved in it.

Signature of **Patient**

Signature of the **Doctor**:

Patient Name:

Doctor's Name:

Witnesses:

Signature

Signature

Name:

Name:

Relation to patient:

Relation to patient: