



1. Identification and description of the procedure.

You or your relative are to have an operation involving one or several of the following procedures:

- VERTEBROPLASTY: _____
The operation consists of injecting surgical cement is injected into the vertebral body. To do this, the vertebral body is unilaterally or bilaterally punctured via the pedicles, using a wide needle under radiological guidance.
- KYPHOPLASTY: _____
The operation is the same as in vertebroplasty except that before the cement is inserted, a cavity is created in the vertebral body to favour its remodelling.
- DIAGNOSIS: _____

2. Purpose of the procedure and benefits that are expected to be achieved.

You should be aware that any of these operations is very delicate. In general the desired result of the operation is pain reduction. In the case of tumours, material may be obtained for the purpose of an anatomical pathological study but the tumour is not surgically removed. The symptom is pain due to osteoporotic fractures, vertebral haemangioma or tumours.

3. Reasonable alternatives to this procedure.

In the case of a generally benign and usually chronic pathology, patients should only come for the operation when a satisfactory solution has not been found using other conservative treatments. For the complementary treatment of tumours with radiotherapy or chemotherapy, it is important to have knowledge of the tumour's pathological anatomy. The alternative to the proposed surgical treatment, if a care protocol is being followed, is to maintain the current treatment. More aggressive forms of decompression and/or stabilisation surgery and the chronic use of external orthotic systems can be avoided.

4. Predictable consequences of the procedure.

You will be subject to reasonable risks resulting from surgery and the anaesthetic. The predictable consequences of the procedure are as follows:

5. Predictable consequences if not performed.

Current symptoms will persist or get worse, increasing the risks implied, and making functional recovery and control of the illness more difficult. The foreseeable consequences if it is not performed are as follows:

6. Risks

As with any operation there can be intra- and postoperative complications (HAEMORRHAGING, INFECTION). Any of these complications may lead to a temporary or permanent neurological deterioration of the patient's symptoms or the appearance of other new symptoms (PARAPLEGUA, PAIN, ETC). It should also be pointed out that vertebroplasty/kyphoplasty of one body may favour the degeneration of the neighbouring body or bodies due to a mechanical overload on them. Postoperative mortality is exceptional, but there can be serious complications in the case of spinal cord lesions.

Any operation carries a risk but in suggesting this operation to you, we do so confident that the benefit we are hoping for will offset the risk it incurs. You will regularly be provided with information on the patient's development and in the case of complications, how serious they are.

Percutaneous vertebroplasty/kyphoplasty

FREQUENCY OF THE MOST COMMON COMPLICATIONS: Asymptomatic extravasation of the cementing substance: 15%; symptomatic extravasation of the cementing substance: 2%; neurological deficit: 0.1-2%; infection of the surgical wound: 1%; discomfort in the area: 10-20% which is mostly resolved with painkillers; mortality: exceptional (Spanish Society of Neurosurgery).

7. Risks depending on the patient's clinical situation.

In addition to the aforementioned risks, the presence of other illnesses, allergies or general irregularities may increase the number of complications and how serious they are. Because of the illness(es) you are suffering from, there may be other complications:

Declaration of consent

Mr./Mrs./Miss. aged , with home address at
..... , National Identity No. and SIP number
.....

Mr./Mrs./Miss. aged , with home address at
..... acting in the capacity of (the patient's legal representative, relative or close
friend) , with National Identity No.

Hereby declare:

That the Doctor has explained to me that it is advisable/necessary in my
situation to perform a
.....
and that I have adequately understood the information he/she has given me.

In on , 2

Signed: Mr./Mrs./Miss. With National Identity Card No

Signed: Dr. With National Identity Card No

Associate number

Revocation of the consent

I hereby revoke the consent granted on the date of , 2 and I do not wish
to carry on with the treatment that I hereby terminate on this date.

In on , 2

Signed: The Doctor

Signed: The patient

Associate number:

