[Letterhead]

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**Consent Form for Lumbar Endoscopic Discectomy (Transforaminal and Interlaminar Approach)**

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Procedure Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Introduction**

You have been diagnosed with a lumbar disc herniation that requires surgical intervention. This consent form provides information regarding the lumbar endoscopic discectomy procedure, which may be performed using either the transforaminal or interlaminar approach. Please read the following information carefully and discuss any questions or concerns with your physician.

**2. Procedure Description**

* **Transforaminal Approach:** This minimally invasive technique involves accessing the herniated disc through the foramen, the natural opening where nerve roots exit the spinal column. A small incision is made on the side of the back, and a tubular retractor is used to insert an endoscope, allowing the surgeon to visualize and remove the herniated portion of the disc.
* **Interlaminar Approach:** This approach involves accessing the herniated disc through the interlaminar space, located between the laminae of adjacent vertebrae. A small incision is made directly over the spine, and an endoscope is introduced to remove the herniated disc material.

**3. Benefits**

* Minimally invasive with smaller incisions
* Reduced risk of muscle and tissue damage
* Shorter hospital stay and faster recovery time compared to traditional open surgery
* Potential relief from pain, numbness, and other neurological symptoms

**4. Risks and Complications**

While lumbar endoscopic discectomy is generally safe, it carries certain risks and potential complications. The following are some of the known complications and their approximate incidence rates:

* **Infection:** Occurs in approximately 1-2% of cases. Infection can be superficial or deep and may require antibiotic treatment or further surgical intervention.
* **Bleeding:** While significant bleeding is rare, occurring in less than 1% of cases, minor bleeding is possible and usually manageable during the procedure.
* **Nerve Damage:** There is a less than 1% risk of nerve injury, which could result in weakness, numbness, or paralysis.
* **Persistent Pain:** Approximately 5-10% of patients may experience persistent pain or recurrence of symptoms post-surgery.
* **Recurrence of Disc Herniation:** There is a 5-15% chance of the disc herniating again at the same level or another level.
* **Spinal Fluid Leak (Dural Tear):** This occurs in about 1-2% of cases and may require additional treatment.
* **Need for Additional Surgery:** Due to complications or recurrence, further surgical intervention might be necessary in 5-10% of cases.

**5. Alternatives**

Other treatment options, which may be considered before or instead of surgery, include:

* Physical therapy
* Medications for pain and inflammation
* Epidural steroid injections
* Traditional open discectomy or microdiscectomy

**6. Consent**

I, the undersigned, have read and understand the information provided above. I have had the opportunity to ask questions and have received satisfactory answers. I understand the nature of the procedure, the potential benefits, risks, and alternatives. I hereby consent to undergo the lumbar endoscopic discectomy by either the transforaminal or interlaminar approach, as deemed appropriate by my surgeon.

**Patient Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For further questions or concerns regarding this procedure, please do not hesitate to contact my office.

Sincerely,

**Amit Bhandarkar, MD**
Orthopaedic Surgery