



DR FRANCOIS SWART
NEUROSURGEON

**PERCUTANEOUS INFILTRATIONS / EPIDURAL INJECTIONS
/ BIOPSIES / RHIZOTOMIES AND RELATED PROCEDURES
GENERAL INFORMATION**

NB: please return this document (signed) to my rooms prior to the procedure

PRIOR TO PROCEDURE:

- Please do not eat or drink anything 6 hours prior to the procedure
- Come to hospital dressed in comfortable clothes or a tracksuit
- It is not necessary to change into theatre garb for the procedure

AFTER PROCEDURE:

- Please report any deterioration, weakness, or any other concerns after the procedure - **before leaving the hospital**
- Dr Swart may not be able to see you again after the procedure before you leave, as there may ongoing theatre cases
- You are not allowed to drive a vehicle for 24 hours after the procedure in the case of procedures done under sedation or anesthetic – please make the necessary arrangements

Please note that the exact time of the procedure cannot be guaranteed - the final order of the theatre list may change at the last moment.

Although relief from pain is often immediate, it may take up to 6 weeks for the procedure to take effect. We do not routinely make follow up appointments but would like feedback on efficacy at the time. Please schedule an appointment if the procedure has given insufficient relief. Obviously, any problems prior to this time should be reported.

ANAESTHETIC:

You may be receiving a combination of general and local anaesthetics. A general anaesthetic is a mixture of drugs to keep you unconscious and pain free during the operation. During the operation different drugs will be given at times for specific purposes. Drugs are injected into the bloodstream via a vein or breathed in as gases or vapours into the lungs. A breathing tube may be put into your throat or windpipe to help you breathe under the anaesthetic. The tube is removed as you wake up after the procedure.



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Local anaesthetics include spinal and epidural injections. This is the injection of local anaesthetic drugs, sometimes a pain killer, into the back to numb a large part of the body. These techniques are used to relieve pain during the operation and sometimes for pain relief afterwards.

Local anaesthetics can also be used to numb small areas, such as the site of the operation, or as nerve blocks to numb a larger area. Local anaesthetics may be combined with general anaesthetic.

Modern anaesthesia is generally safe. The risk of a healthy person dying unexpectedly during anaesthesia is less than the risk of dying in a car accident. However, risks do exist. Whilst these events are usually temporary, some of them may cause long term problems.

Common side-effects:

- nausea and vomiting, headache, pain and/or bruising at injection sites, sore or dry throat and lips, blurred or double vision

Less common side-effects:

- muscle aches, weakness, mild allergic reactions

Uncommon side-effects:

- awareness under general anaesthetic, damage to teeth, dental prosthetics and lips, damage to the voice box and vocal cords, which may cause temporary hoarseness, blood clot in the leg, damage to nerves at pressure areas, seizures

Rare risks which may cause death:

- severe allergy or shock, very high temperature, stroke or heart attack, vomit in the lungs, paralysis, blood clot in the lungs, brain injury

Increased risks:

- a bad cold or flu, asthma or other chest disease, smoking, being overweight, diabetes, heart disease, kidney disease, high blood pressure, other serious medical conditions

RISKS OF LOCAL ANAESTHETIC:

Nerve damage due to bleeding, infection, or other causes, is an additional specific risk with local anaesthesia. This may cause weakness and/or numbness of the body part that the nerve goes to. This is usually mild and temporary.



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ADDITIONAL SPECIFIC RISKS OF SPINAL AND EPIDURAL ANAESTHESIA OR INJECTIONS INCLUDE:

1. Rarely, nerve damage, which may be severe and permanent. This may cause paralysis of the lower half of the body or all of the body (quadriplegia)
2. Rarely, damage to surrounding structures (blood vessels, lungs)
3. Headache. Usually temporary, but may be severe and can last many days
4. Backache. This is usually temporary due to bruising around the injection site. Rarely, it can be long term

PATIENT'S RESPONSIBILITY BEFORE THE PROCEDURE:

- Inform the anaesthetist if you smoke
- Bring all prescribed drugs and herbal drugs with and inform your doctor about them
- Report all allergies
- Do not drink any alcohol 24 hours prior to the procedure
- Ask your doctor if you should stop taking aspirin before the procedure. Report the use of any blood thinning medication beforehand!
- Inform the doctors if you are on the contraceptive pill or IF YOU MAY BE PREGNANT

THINGS TO AVOID AFTER GENERAL ANAESTHESIA:

A general anaesthetic will affect your judgment for about 24 hours. This is also applicable to conscious sedation (light anaesthetic).

AVOID:

- Driving any type of vehicle
- Operating machinery, including cooking implements
- Signing any legal documents
- Taking any mind-altering drugs, including alcohol

GENERAL RISKS OF A PROCEDURE:

Includes:

1. Small areas of the lungs may collapse, increasing the risk of chest infection. This may need physiotherapy and antibiotics
2. Clots in the legs (deep venous thrombosis) with pain and swelling. Rarely part of this clot may dislodge and move to the lungs which can be fatal
3. A heart attack because of strain on the heart



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4. Stroke
5. Death is extremely unlikely but possible due to the procedure

SPECIFIC RISKS OF THIS PROCEDURE:

1. Nerve root injury that causes weakness, this may be temporary or permanent
2. Injury to the nerve covering (dura) with leakage of cerebrospinal fluid that can cause meningitis and headaches
3. Paralysis of the lower part of the body that may be temporary or permanent and may require further surgery
4. Infection in the injection site causing redness, pain and possible discharge or abscess. This may need antibiotics and surgery
5. Possible bleeding in the injection site with swelling, bruising and possible blood-stained discharge
6. Ongoing persistent pain, with possible numbness due to nerve damage
7. Increased risk in obese patients of wound infection, chest infection, heart and lung complications, thrombosis
8. Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis

I ACKNOWLEDGE THAT:

Dr Francois Swart has explained my medical condition and the proposed surgical procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that no guarantee has been made that the procedure will improve the condition, and that the procedure may make the condition worse.

I understand that my medical insurance/funder may not cover the complete cost of the procedure and that I am responsible for the payment of the account. I am aware that a quote for the procedure is available on request.

I understand that it is common practice to have a representative from the medical devices/pharmaceutical industry present during the operation, if deemed appropriate by Dr Swart. I further agree to the presence of observing students for training purposes.



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Name of patient or parent / guardian if minor:

Signature:

Date:
