



DR FRANCOIS SWART  
NEUROSURGEON

## CERVICAL (NECK) SURGERY

### **ANAESTHETIC:**

You will 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 an operation. During the operation different drugs will be given at particular times for a specific purpose. 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.

Local anaesthetics include spinal and epidural injections. This is the injection of local anaesthetic drugs and 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.

### **RISKS FROM THE ANAESTHETIC:**

Modern anaesthesia is generally safe. However, risks do exist. Whilst these events are usually temporary, some of them may cause long term problems.

#### **Common unwanted 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



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**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

**PATIENT'S RESPONSIBILITY BEFORE SURGERY:**

- Increase your fitness
- Give up smoking at least 6 weeks before surgery: Smoking increases the risk of delayed wound healing, infection, and non-union, and patients drastically decrease the rates of these complications with cessation. If you decide to stop smoking, please delay your surgery if possible
- Inform your surgeon and anesthetist if you do smoke
- Bring all prescribed drugs and herbal drugs when being admitted to hospital 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, antiplatelet medication, Warfarin or other blood thinning medication before the procedure
- Inform the doctors if you are on the contraceptive pill or IF YOU MAY BE PREGNANT
- An additional surgical risk factor is patients with obesity. Morbidly obese patients, defined as a body mass index >40 kg/m<sup>2</sup>, presenting for elective surgery, should be aware of their increased risk of deep vein thrombosis/pulmonary embolism, wrong level surgery (operating on an unintended spinal level), wound infection, and greater blood loss

**THINGS TO AVOID AFTER GENERAL ANESTHESIA:**

A general anaesthetic will affect your judgement 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:**

Include:

1. Small areas of the lungs may collapse, increasing the risk of chest infection. This may need physiotherapy and antibiotics



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2. Clots in the legs (deep venous thrombosis) with pain and swelling. On rare occasions 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
4. Stroke
5. Death is unlikely but possible due to the procedure

**SPECIFIC RISKS OF THIS PROCEDURE:**

1. Injury to the spinal cord with weakness of all limbs (quadriplegia). This may be permanent and may require further surgery
2. Nerve root injury that causes weakness, this may be temporary or permanent (<3%)
3. Injury to the nerve covering (dura) with leakage of cerebrospinal fluid that can cause meningitis and poor wound healing. This may need treatment and further surgery
4. Further disc prolapses at the same level or other levels of the spine, this will cause pain and may need further surgery
5. Infection in the wound causing redness, pain and possible discharge or abscess. This may need antibiotics and further surgery
6. Possible bleeding into the wound with swelling, bruising and possible blood-stained discharge. If severe, this may compromise the airway and require emergency surgery
7. The wound may not heal normally. The wound can thicken and turn red (keloid scar) and the scar may be painful
8. Ongoing persistent neck pain and arm pain, with possible arm numbness due to nerve damage from the disc prolapse (10%)
9. Increased risk in obese patients of wound infection, chest infection, heart and lung complications, thrombosis
10. Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis
11. Failure of fusion, which may require further surgery (5% for single level surgery)
12. Displacement of prosthetic material
13. Graft site pain, infection or bleeding. The pain usually settles with time
14. Injury to "pressure points". These include skin damage, bruising, nerve damage and damage to the retina of the eyes
15. The head may be fixed in position with a skull clamp, in which case there may be three puncture wounds on the scalp. Although rare, these pins may cause infection or fractures of the skull. Rare cases of brain penetration have been reported
16. Damage to the large blood vessels in the neck. This is very rare, but may cause major blood loss, severe illness, stroke and even death
17. Damage to the swallowing tube. This may require further surgery (<1%)
18. Injury to the voice box or its nerve supply. This may result in temporary or even permanent hoarseness or loss of voice (2%)



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**I ACKNOWLEDGE THAT:**

Dr 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 the procedure may include a blood transfusion.

Should any unexpected pathology be found during my operation, I agree that the doctor may modify the surgical plan appropriately.

The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated appropriately.

I understand that audio-visual recordings may be taken during my operation.

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 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 agree to allow students to witness my procedure for training purposes.

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. Based on the above statements, I request to have the procedure.

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**Name of patient or parent / guardian if minor:**

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**Signature:**

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**Date:**