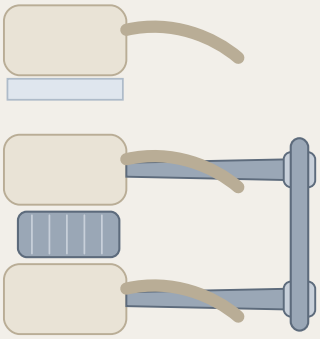
Professor Jason John Labuschagne
PAEDIATRIC AND ADULT NEUROSURGEON

SPINAL SURGERY

Lumbar Decompression and Instrumented Fusion

Patient information and consent



This booklet explains surgery to join two or more vertebrae in the lower back, usually together with relieving pressure on the nerves. Please read it with your family, write down your questions and bring it to your consultation. You will be asked to sign the consent section only once you understand the proposed treatment and are satisfied that your questions have been answered.

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PATIENT DETAILS OR HOSPITAL LABEL

Patient name

Date of birth

ID / file no.

Procedure date

Version 1.0 · October 2026

Netcare Unitas Hospital
Room 403, Centurion

Nelson Mandela Children's Hospital
Private Suites, First Floor, 6 Jubilee Road, Parktown North

012 664 6026
HPCSA MP 0530077

01 General information

A team approach

Spinal surgery in this practice is planned within a multidisciplinary team that includes orthopaedic spinal surgeons, and some operations are performed jointly.

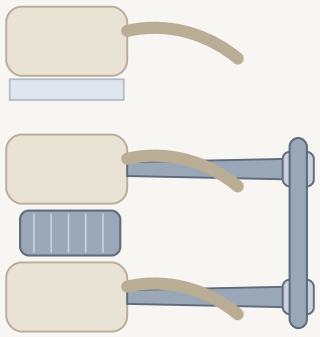
Why is a fusion recommended?

The most common reason is spondylolisthesis, in which one vertebra has slipped forward on the one below, because of wear of the joints at the back of the spine or a defect in the bone. This narrows the space for the nerves and may cause leg pain (sciatica), numbness, weakness and back pain. A fusion may also be needed when removing bone to free the nerves would leave the spine unstable, or for some fractures, deformities and tumours.

A fusion joins the vertebrae so that they heal into one solid block of bone. Titanium screws and rods act as scaffolding to hold the spine still while the bone graft heals, which takes several months. Unlike building scaffolding, the implants usually stay in place permanently, because removing them would need another operation.

How is the operation performed?

Under a general anaesthetic you are positioned face down on a padded frame that keeps pressure off the abdomen. An X-ray is taken to confirm the correct level before the incision is made. The muscles are moved aside to expose the back of the spine. Bone and ligament compressing the nerves are removed. Screws are placed into the vertebrae through the pedicles, guided by X-ray or navigation, and rods are fixed between them. Often the disc is removed and replaced with a cage filled with bone graft (an interbody fusion). Bone graft from the removed bone, from the pelvis or bone substitutes is placed along the spine to encourage fusion. Nerve monitoring may be used. Some fusions are performed through smaller incisions or from the side or front; Professor Labuschagne and the team will explain the approach planned for you.



Screws and rods hold two vertebrae still while bone graft, and often a cage in the disc space, heals them together.

02 Alternatives to surgery

- **Pain medication, physiotherapy and activity modification**, which allow many patients to improve without surgery.
- **Injections**, such as epidural or nerve root blocks, which can relieve pain for a period and help confirm the source of symptoms.
- **Waiting**, if symptoms are tolerable and there is no significant or worsening weakness or bladder disturbance.
- **Decompression without fusion**, accepting a risk of the slip worsening.

03 What to expect during and following surgery

Before admission

- Tell us about any bleeding or clotting problems, recent illness, allergies and all medicines, including herbal remedies.
- Blood-thinning medicines (for example warfarin, aspirin, clopidogrel or the newer anticoagulants) and anti-inflammatories usually need to be stopped before surgery. Please follow the specific instructions you are given and do not stop any medication without advice.
- You will usually be admitted on the day of surgery or the day before, and must not eat from midnight before surgery, or as instructed by the anaesthetist.
- Bring your scans and a list of medication. Stopping smoking before surgery improves wound and bone healing.

In hospital

You wake up in the recovery room and are then transferred to the ward. Nurses will regularly check your pulse, blood pressure, limb strength, pupils and level of alertness to detect any change early, and you will be woken for these checks during the first night.

- You will have regular pain relief and anti-nausea medicine.
- A drip and sometimes a urinary catheter are usually removed within a day or so.
- You will be encouraged to sit out of bed and walk on the day after surgery.
- **Moving.** You will usually be helped out of bed on the day of surgery or the next morning, and taught how to move safely by the physiotherapist.
- **Pain relief** may include a patient-controlled pump for the first day or two.
- A drain and urinary catheter may be used for a day or two.
- **X-rays** are taken to check the implants before discharge.
- **Going home.** Most patients go home after three to five days.

04 Risks and complications

All surgery carries risk. Most patients do not experience serious complications, but it is important that you understand what can happen. The list is not exhaustive; Professor Labuschagne will discuss the risks that apply particularly to you. The risks of the anaesthetic will be explained separately by the anaesthetist.

Common

●●●

- Wound pain and muscle spasm.
- Temporary numbness, tingling or a return of leg pain while the nerves recover.
- Significant back pain for the first weeks.

Less common

●●○

- **Wound infection**, usually treated with antibiotics, occasionally with a washout.
- **Dural tear** (a tear of the nerve sac) with leakage of spinal fluid, usually repaired at the time; it may require a period of bed rest and can cause headache when upright.
- **Blood clots in the legs or lungs**, reduced by early walking and stockings.
- Difficulty passing urine temporarily.
- **Screw malposition or loosening**, which may need revision.
- **Failure of the bones to fuse (non-union)**, more likely in smokers and people with diabetes or osteoporosis, sometimes needing further surgery.
- **Adjacent segment degeneration**: extra strain on the levels above or below, which may cause problems years later.
- Persistent back pain despite a successful fusion.
- Need for blood transfusion.

Rare but serious

●○○

- **Injury to a nerve root or the nerves of the cauda equina**, causing weakness, numbness or bladder, bowel or sexual dysfunction, which may be permanent.
- **Bleeding or a blood clot** compressing the nerves, needing urgent surgery.
- Surgery at the wrong level, which is guarded against by X-ray confirmation.
- Injury to a major blood vessel or abdominal organ.
- Deep infection requiring removal of implants.
- Death from anaesthesia or surgery. This is very rare.

05 After the operation: what is normal

- Back pain and stiffness that improve over six to twelve weeks.
- Leg pain usually improves earlier than back pain.
- Fatigue for several weeks.

06 Recovery

- **Activity.** Walk several times a day. Avoid bending, lifting more than a few kilograms and twisting for six to twelve weeks; a brace is not usually needed.
- **Smoking and anti-inflammatories.** Do not smoke; avoid anti-inflammatory medicines unless advised, because they can slow fusion.
- **Driving.** Usually after about four to six weeks.
- **Work and follow-up.** Office work after about six weeks, heavy work after three to six months; X-rays at review visits.

07 When to contact the rooms

Please contact the rooms the same day, or go to the nearest emergency department, if you notice:

- New or increasing weakness, numbness or tingling in the arms or legs
- Difficulty passing urine, loss of bladder or bowel control, or numbness around the back passage or genitals
- Severe pain not controlled by your medication
- Fever, chills or night sweats
- Redness, swelling, discharge or clear fluid leaking from the wound
- A severe headache when upright that eases when lying flat
- Calf pain or swelling, chest pain or shortness of breath

IN AN EMERGENCY

If you develop sudden weakness of the legs, loss of bladder or bowel control, numbness in the saddle area, chest pain or difficulty breathing, go to the nearest emergency department immediately and tell the staff about your recent spinal surgery.

THE ROOMS · OFFICE HOURS

012 664 6026

Elective appointments and queries, office hours, for both Netcare Unitas Hospital and Nelson Mandela Children's Hospital

AFTER HOURS

After hours, call the hospital switchboard and ask for Professor Labuschagne: Netcare Unitas Hospital 012 677 8000 · Nelson Mandela Children's Hospital 010 133 0600

Emergency services: Netcare 911 · 082 911 | National ambulance · 10177

NETCARE UNITAS HOSPITAL

Room 403, Netcare Unitas Hospital
866 Clifton Avenue, Lyttelton, Centurion

NELSON MANDELA CHILDREN'S HOSPITAL

Private Suites, First Floor
6 Jubilee Road, Parktown North, Johannesburg

08 Consent

Informed consent is a conversation, not simply a signature. The National Health Act 61 of 2003 and the ethical guidelines of the Health Professions Council of South Africa (HPCSA) give every patient the right to be told, in a language they understand, about their condition, the treatment options available, the benefits, risks, costs and consequences of each, and the right to refuse treatment. You may withdraw your consent at any time before the operation.

If you are unable to give consent yourself, the National Health Act (section 7) allows consent to be given by a person you have authorised in writing or, failing that, by your spouse or partner, parent, grandparent, adult child or sibling, in that order.

THE PROCEDURE

Procedure Lumbar decompression and instrumented fusion (± interbody cage), level(s) _____ Side / site _____

Condition, in my own words _____

SPECIFIC PERMISSIONS

Blood transfusion, if needed during or after surgery	☐ I agree	☐ I do not agree
Tissue or fluid removed may be sent for laboratory examination	☐ I agree	☐ I do not agree
Anonymised images or results may be used for teaching and research (optional)	☐ Yes	☐ No

Questions I have discussed

Please write down any questions you asked and any particular concerns that were discussed.

My acknowledgement

Please tick each statement.

- ☐ I have read this document, or it has been read to me, and I understand it.
- ☐ Professor Labuschagne has explained my condition, the proposed procedure, its expected benefits, and the alternatives, including the option of no treatment.
- ☐ The risks and possible complications, including those particular to me, have been explained in language I understand.
- ☐ I have had the opportunity to ask questions and raise concerns, and these have been answered to my satisfaction.
- ☐ I understand that no guarantee has been given about the outcome, and that the procedure may not improve, and could worsen, the condition.
- ☐ I understand that if an unexpected finding or a life-threatening event occurs during the procedure, the surgeon may carry out further treatment that is necessary to protect life or prevent serious harm.
- ☐ I understand that the anaesthetic will be explained by the anaesthetist, who will obtain consent for it separately.

- [ ] I understand that my medical scheme may not cover the full cost of treatment, that I am responsible for any shortfall, that separate accounts will be rendered by the hospital and the anaesthetist, and that a quotation is available on request.
- [ ] On the basis of the above, I request that I undergo the procedure described.

PATIENT

Full name _____ ID number _____

Signature _____ Date and time _____

If the patient is unable to consent: person consenting on the patient's behalf (National Health Act, section 7)

Full name _____ Relationship _____

Signature _____ Date and time _____

SURGEON'S STATEMENT

I have explained the patient's condition, the need for treatment, the proposed procedure and its expected benefits, the material risks including those specific to this patient, the reasonable alternatives including no treatment, and the likely consequences if those risks occur. I have offered the opportunity to ask questions and have answered them as fully as possible.

Surgeon Professor Jason John Labuschagne HPCSA no. MP 0530077

Signature _____ Date and time _____

INTERPRETER (IF USED)

I have accurately interpreted the contents of this document and the discussion between the doctor and the patient.

Full name _____ Language _____

Signature _____ Date _____

WITNESS

Full name _____ Capacity _____

Signature _____ Date _____

A copy of this signed document will be kept in the medical record and a copy offered to the patient. Personal information is processed in accordance with the Protection of Personal Information Act 4 of 2013. · Professor Jason John Labuschagne · HPCSA MP 0530077 · Version 1.0 · October 2026