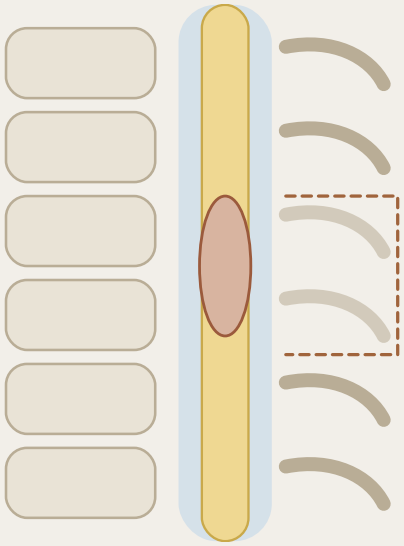
Professor Jason John Labuschagne

PAEDIATRIC AND ADULT NEUROSURGEON

SPINAL SURGERY

Surgery for Spinal Cord Tumour

Patient information and consent



This booklet explains surgery for tumours within the spinal canal. It applies to adults and, with a parent or guardian signing, to children. 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.

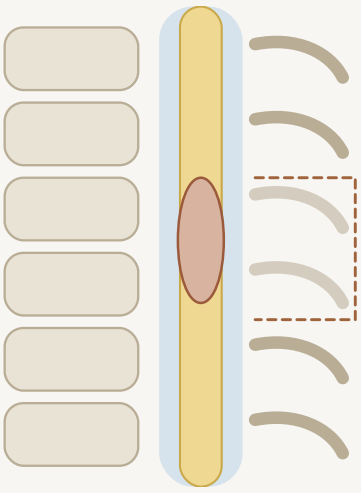
What kinds of tumour occur in the spinal canal?

- **Extradural** tumours lie outside the covering of the spinal cord, most often metastases from cancer elsewhere.
- **Intradural extramedullary** tumours lie within the covering but outside the cord itself, such as meningiomas and schwannomas. These are usually benign and can often be removed completely.
- **Intramedullary** tumours grow within the spinal cord itself, such as ependymomas and astrocytomas. Their removal is more delicate.

Symptoms include back or neck pain, often worse at night, numbness, weakness, unsteadiness and changes in bladder or bowel function. Diagnosis is made with MRI.

How is the operation performed?

Under a general anaesthetic, you lie face down. Electrical monitoring of the spinal cord (motor and sensory evoked potentials) is used throughout to warn of any threat to function. The correct level is confirmed with X-ray, and the laminae over the tumour are removed, or lifted and later replaced (laminoplasty). The covering of the spinal cord is opened, and the tumour is removed under the microscope. For tumours within the cord, a fine opening is made in the cord along its midline. The aim is complete removal where this is safe; if the tumour cannot be separated from the cord without serious harm, a partial removal is performed. The dura is closed watertight, and screws and rods may occasionally be added if stability is a concern.



A tumour within the spinal cord. The dashed box shows the bone (laminae) that is opened over the tumour and usually replaced afterwards.

02 Alternatives to surgery

- **Observation** with repeat MRI, for small tumours without symptoms.
- **Biopsy only**, followed by radiotherapy or chemotherapy, depending on the type.
- **Radiotherapy or radiosurgery**, for some metastases or residual tumour.
- **No treatment**, which usually leads to progressive neurological loss for growing tumours.

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, or to a high-care or intensive care unit for the first night. 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.
- You may be asked to lie flat for a day or more to protect the dural repair.
- **Going home.** The stay varies, usually five to ten days, and some patients go on to a rehabilitation unit.

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 worsening of sensation**, such as numbness, tingling or a loss of position sense, especially after removing tumours within the cord.
- Temporary difficulty passing urine.

Less common

- **Spinal fluid leak** or a fluid collection under the wound, which may need further surgery.
- Wound infection or meningitis.
- Incomplete removal or regrowth of the tumour, needing further treatment.
- Persistent nerve pain.
- Later curvature of the spine (especially in children), which may need a fusion.

Rare but serious

- **Permanent weakness or paralysis** below the level of the tumour.
- Permanent loss of bladder, bowel or sexual function.
- Bleeding requiring further surgery.
- Death. This is very rare.

RISKS PARTICULAR TO MY TUMOUR (TO BE COMPLETED BY PROFESSOR LABUSCHAGNE)

05 After the operation: what is normal

- Back or neck pain, improving over weeks.
- Sensory changes, which often improve gradually over months.
- Physiotherapy plays a central role in recovery.

06 Recovery

- **Results.** The final diagnosis is usually available in one to two weeks, and further treatment is planned at a multidisciplinary meeting.
- **Rehabilitation** as needed, including physiotherapy and occupational therapy.
- **Follow-up.** In the rooms with MRI scans at regular intervals.

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 Laminectomy / laminoplasty and excision of spinal tumour, 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