

SPINAL TUMOR REMOVAL

Informed Consent Document

Form No: AOF-017

Rev. No / Date: 2026 v09 / 10.07.2026

PATIENT PROTOCOL NO		DATE	
TURKISH ID / PASSPORT NO		DATE OF BIRTH	
PATIENT'S FULL NAME		SEX	
DIAGNOSIS			

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1. Dear Patient,

It is your most natural right to be informed about your medical condition and about all medical / surgical treatments and diagnostic procedures recommended to you for the treatment of your illness. After learning the benefits and possible risks of medical treatments and surgical interventions, it is again your own decision to consent or not to consent to the procedure to be performed. The purpose of this explanation is not to frighten or worry you, but to involve you more consciously in the decisions to be made about matters concerning your health. If you wish, all information and documents concerning your health can be given to you or to a relative you deem appropriate. Although this form has been designed to meet the needs of most patients under many circumstances, it should not be considered a document containing the risks of all forms of treatment. Depending on your personal health condition, your physician may give you different or additional information. After learning the benefits and possible risks of diagnosis, medical treatment and surgical interventions, it is your own decision to accept or not to accept the procedures to be performed. Except in situations of legal and medical necessity, you may refuse to be informed or may withdraw your consent at any time. This form has been prepared to inform you about the risks of the surgery and about alternative treatment methods. Please read this form completely and carefully, and sign this consent form only after you have read it and all your doubts regarding the procedure in question have been resolved by the physician.

2. General Information About the Disease and Its Treatment

Spinal tumors are tumoral formations originating from the spinal cord itself, from the supporting tissues of the spinal cord, or from the bony tissues forming the spine. Such a tumor may cause paralysis and death by creating pressure on the spinal cord. To remove the tumor, a laminectomy, and sometimes a hemilaminectomy, is frequently required. Laminectomy and hemilaminectomy are the procedure of removing a piece of bone from the posterior part of the spinal canal.

There are 3 types of spinal tumors:

Extra-dural spinal tumor: Tumors outside the membrane surrounding the spinal cord.

Intra-dural extra-medullary tumor: Tumors inside the membrane surrounding the spinal cord but outside the spinal cord.

Intra-dural intra-medullary tumor: Tumors inside the spinal cord.

In spinal tumors, surgery may be required both to make a diagnosis and for treatment. In surgery, the tumoral region is reached through a skin incision made in the midline from the back of the body at the spinal level where the tumor is located. The surrounding muscles are retracted to the side and, according to necessity, a laminectomy (removal of the bone piece by piece or in a single piece) or a hemilaminectomy is performed; special instruments, drills and cutters developed for this purpose may be used. Depending on the location of the tumor, the spinal membrane called the dura is incised in order to expose the spinal cord. The greater part of the procedure is carried out under a microscope (by the microsurgical method) with the accompaniment of a magnified image. If the tumor is in the spinal canal or in the spinal cord, the bones over it are removed and as much of the tumor as can be removed is removed. After the spinal tumor has been removed, or, if it cannot be removed, after a biopsy has been taken, the dura is closed, the bone pieces are put back in place as appropriate, and the operation is ended by closing the skin incision. Sometimes a drain may be placed under the skin.

The aim is to remove the entire tumor. However, sometimes, both because of the structure of the tumor and in order to prevent the worsening of the patient's neurological condition (so that paralysis does not develop or, if paralysis exists, does not progress), a part of the tumor may have to be left behind. In particular, tumors inside the spinal cord sometimes cannot be clearly distinguished from healthy spinal cord tissue; in these situations, too, attempting to remove too much tumor may affect the patient's bodily functions. For this reason, how much of the tumor will be removed is best decided during the surgery. If the tumor is located in the bone at the front of the spine and is progressing toward the abdomen or the chest cavity, it may be necessary to approach the tumor from the front. In this case, depending on the location of the tumor, the tumor is cleared by entering through the abdominal or the chest cavity. Sometimes two-session surgeries with an incision made both from the front and from the back may be required. I understand that the purpose of this surgery is to relieve the pressure on the spinal cord and to determine the type of the spinal tumor; nevertheless, I am aware that no guarantee is given regarding the results of this method, and I accept this.

3. Alternatives to the Surgery, If Any

As alternatives to the surgery, I have considered the following options:

- As explained to me verbally by my doctor, accepting all risks and not having this surgery,
- Having only a biopsy performed and, according to the diagnosis, having chemotherapy or radiotherapy,
- Having radiotherapy or radiosurgery (gamma knife, etc.) applied according to the type of the tumor,
- Accepting all risks and follow-up with computed tomography, magnetic resonance imaging or other examinations,
- Trying to relieve the complaints with medication therapy and physical therapy methods,
- Other possible treatment options...

I have also considered the other treatment methods explained to me by my doctor. The advantages and disadvantages of these alternative methods have also been explained to me by my doctor.

4. Expected Benefits of the Surgery

It is an improvement in the patient's current neurological condition and complaints. The surgery is performed with the aim of eliminating the complaints and with the expectation of preserving or improving the function of the nervous system. WITH THE SURGERY TO BE PERFORMED; the aim is to relieve the neural structures under compression, to eliminate or reduce pain, and, through the surgical treatment to be applied, to completely resolve, or to halt the worsening of, the neurological deficits present before the surgery (paralysis-loss of strength-numbness-loss of reflexes-urinary incontinence, etc.) and your complaints such as pain-spasm.

5. Estimated Duration of the Surgery

The duration of the procedure to be performed may vary according to the condition of the disease and of the patient, and is on average - hours. In addition, the procedures to be performed on patients before and after the surgery by the anesthesia doctors are not included in this duration. The procedure may take longer than the stated duration depending on the condition of the case. Your doctor will give you detailed information at the end of the procedure.

6. Risks and Complications of the Surgery

In addition to the benefits of the surgical procedure to be performed, there are also risks that may arise.

Anesthesia risk: There are risks during and after local and general anesthesia procedures (due to the position given to the patient during the surgery). In addition, in every form of anesthesia and in sedation, there are also complications and harms that may occur due to the medications. The anesthesia procedure to be applied and the related risks and complications have been explained to me, and I approve the recommended procedure in this regard.

Bleeding: Although very rare, I am aware of the existence of a risk of bleeding, which may be severe, during or after my surgery. In case of bleeding, additional treatment or blood transfusion may be needed. In such a case, I approve the necessary blood transfusion and other treatments. Some medications that I use and/or that need to be used during my treatment may increase the risk of bleeding through drug interactions and/or side effects. In some cases, it may be necessary to use blood-thinning medications earlier than expected, and this may also increase the risk of bleeding.

Blood clot formation: Blood clots may form after any type of surgery. Clots forming in the bleeding area may obstruct blood flow and lead to complications such as pain, edema, inflammation or tissue damage. If the use of blood thinners is discontinued, the risk of clotting may increase.

Postoperative Neurological Deterioration: Nervous system functions may deteriorate after the surgery due to problems such as bleeding at the surgical site, spinal (spinal cord) edema (pressure on the spinal cord as a result of fluid accumulation) or vasospasm (narrowing of the vessels).

Risk of cerebrospinal fluid leakage: After the surgery, cerebrospinal fluid may leak from the wound site to the outside. For its treatment, a spinal (spinal cord) catheter or an additional intervention to repair the same wound site again may be required.

Cardiac complications: The surgery carries a low risk of leading to an irregular heart rhythm or a heart attack.

Death: Although very rare, there is a risk of death during or after the surgery.

Failure of the surgery: After spinal tumor excision surgery, there is a risk that the tumor cannot be completely removed and that pain, numbness, loss of muscle strength or other complaints cannot be relieved.

Increase in the pain complaint: Although rare, the pain complaint may increase after the surgery.

Infection: Infection may occur at the skin incision site as well as in the surgical field, and even in the bone within the surgical field. Risks related to infection include meningitis (inflammation of the membranes surrounding the brain and spinal cord) and empyema-abscess formation (accumulation of pus).

Nerve tissue and/or spinal cord injury: Although rare, it may occur unexpectedly during or after surgery. This condition may cause weakness in the arms and/or legs (paralysis) and respiratory distress.

Recurrence and Residue (Remnant): After surgery, in the early or late period, some of the complaints may reappear, or the remaining tumor tissue may grow, and in this case an additional surgical intervention may also be required.

Respiratory problems: After surgery, respiratory distress, which is usually temporary, or pneumonia may be seen. Pulmonary embolism (obstruction of the vessels of the lungs) may occur.

Stroke (paralysis): Although rare, weakness in the arms and/or legs may develop during or after surgery following the lodging of air or a clot from the veins into the brain. Additional treatment may be required.

Instability: During the surgery, after the excision of the bone tissue or of the bones involved by the tumor, the stability of the spine may be disrupted. In this case, it may be necessary to fix the spine with implants from the front or from the back.

Incorrect placement of the screws: The screws may sometimes not be placed in the desired location. For this reason, there may be weakness in the screws. If the screws are placed too far forward, death due to injury to a major vessel or internal organs may occur. If the screws are placed toward the spinal canal, they may lead to paralysis due to compression of a nerve root or the spinal cord.

The implants placed during the surgery may lead to conditions such as breakage, displacement, failure to perform their function, allergy and infection. For this reason, they may need to be removed or replaced.

I have also understood the possibility that, during my surgery, in the face of an unexpected situation such as bleeding, injury to an adjacent tissue or organ, etc., my doctor may perform other procedures required for my health apart from the planned procedure, and I approve this.

I have understood and accept all the risks written above that may occur during and after the surgical procedure to be performed on me.

7. Consequences to Be Faced If the Surgery Is Not Performed

The patient's current complaints and clinical condition may not improve; there may be a worsening. As a result of the growth of the tumor and the increase of the pressure on the spinal cord, progressive paralysis, loss of sensation, urinary-fecal incontinence and, rarely, death may develop.

8. Important Characteristics of the Medications to Be Used

If you have a previously identified drug allergy, you must inform your physician and your nurse about this. During your current treatment process, medications appropriate to the patient's medical condition (painkillers, antibiotics, medications supporting the circulation and the heart, blood products, fluid therapies, medications specific to your disease) will be given according to the reason for your admission or newly developing conditions. During the use of medications, side effects may emerge and cause damage to the heart, kidneys and other organs. New medications will be added to the treatment to correct organ damage. **PROPHYLAXIS:** Before and after your surgery, appropriate protective antibiotic therapy is applied with the aim of reducing the risk of surgical site infection. **USE OF BLOOD-THINNING MEDICATION:** If you are using anticoagulant, blood-thinning medications, different medication therapies or blood products may be given to you to counteract the effects of these medications. **SPINAL CASES:** In case of severe pain after spinal operations, medications sold under a green (controlled-substance) prescription, which may cause dependence, may be used. After spinal surgeries, in cases of unchanged weakness in the arms and legs, or of newly developing weakness, anti-edema medications may be used. In this case, the blood sugar balance may be disturbed. **INTENSIVE CARE-DELIRIUM:** In elderly patients and during prolonged intensive care stays, for psychological symptoms that may emerge in patients, mental health-regulating medications recommended by a psychiatrist may be used. These medications may damage the heart, kidneys and other organs. In addition to these, medications related to anesthesia are used. The general anesthetic medications given during the surgery may have toxic (poisonous) effects / side effects on organs such as the lungs, heart, brain, kidneys and liver. For this reason, **DANGER OF DEATH** may arise. I have informed my doctor about all my known allergies. I have also informed my doctor about the prescription medications I use, over-the-counter medications, herbal medicines, dietary supplements, illegal drugs, alcohol and narcotics/intoxicants. The effects of the use of these substances before and after the surgery have been explained to me by my doctor and recommendations have been made. During my stay in the hospital, I have received information about the important characteristics of the medications to be used for diagnosis and treatment (what they are used for, their benefits, their side effects, how they are to be used).

9. Lifestyle Recommendations Critical for Patient Health

Tobacco and Tobacco Products: It has been explained to me that smoking tobacco and tobacco products (cigarettes, waterpipe, cigars, pipe, etc.) before or after my surgery may cause my recovery process to be prolonged. Anesthesia risks are higher in patients who smoke; death due to anesthesia is seen more frequently. If you smoke, you should know that the success of the treatment/surgery will be lower than the general success average.

Follow your doctor's recommendations (exercise, nutrition program, etc.) and, if applicable, do not neglect your outpatient clinic check-up on the date requested of you.

I have received information about what I need to do regarding my lifestyle after my treatment/surgery (diet, bathing, medication use, mobility status and/or restriction status).

10. Patient-Specific Section

*The patient's individual specific circumstances are recorded at the end of the form under **Section 14 — Signatures**.*

11. How to Access Medical Assistance on the Same Matter When Needed

Not accepting the application of the treatment/surgery is a decision you will make of your own free will. If you change your mind, you may personally reapply to our hospital/hospitals capable of performing the treatment/surgery in question.

I have received information about how to access medical assistance on the same matter when needed (my own physician, a different physician, the clinic where I was treated, and in emergencies, 112).

12. Permissions

I authorize the Head of the Surgical Team, Responsible Specialist Doctor **Dr. Özgür Akşan**, and his team to perform my surgery.

I understand that this intervention is performed with the aim of eliminating my complaints and with the intention of preserving or improving the function of the nervous system. I confirm that my doctor has explained all the information above, that I have understood this information, and that all my questions regarding this intervention have been answered. Therefore, I give my consent for **SPINAL TUMOR REMOVAL SURGERY** and for all different or additional surgeries and additional treatment interventions deemed necessary by my doctor.

Use of tissue: Any tissue not required for medical diagnosis may be used for medical research within the framework of ethical rules. I give my consent to the use of any tissue, medical device or body parts that may have been removed during the surgical procedure.

Medical research: I give my consent to the review of clinical information from my medical records for the advancement of medical study, medical research and doctor training, provided that confidentiality rules are observed.

Photography/Observers: I consent to the photographing or video recording of the surgery to be performed for scientific, medical or educational purposes, provided that the images do not reveal my identity.

13. Consent Verification

I know the alternative treatment methods and their risks.

I know the risks and side effects of the intervention.

I know the possibility of success and failure.

I know what may happen if I am not treated.

I understand that the procedure to be performed may not carry a guarantee of cure.

I have understood everything that has been told to me.

My doctor has answered all my questions.

My doctor has explained to me what is written here, item by item, in a clear, understandable and explanatory manner that I can comprehend.

I know the meaning of the Informed Consent form.

I have been informed about the approximate cost of the treatment.

I am making my decision of my own free will.

I had enough time before the intervention to obtain a second opinion within a reasonable period.

I have read and understood the content of the Informed Consent form.

All the blanks on this form were filled in before I signed it, and I have received a copy.

Signatures

A) Patient-Specific Conditions

The patient writes in their own handwriting any personal conditions (allergies, medications, previous surgeries, etc.). If there are none, writing "NONE" is sufficient.

B) Handwritten Declaration

The patient writes the following sentence in their own handwriting:

"I have read this form carefully, I have been informed about SPINAL TUMOR REMOVAL, my questions have been answered, and I consent to this procedure of my own free will."

C) Signatures

	Full Name	Signature	Date / Time
Patient			
Patient's Legal Representative / Relative (Relationship:)			
Head of Surgical Team, Responsible Specialist	Dr. Özgür Akşan		