

While written [consent](#) is a pre-requisite before [spinal surgery](#) in the [UK](#), the standard and effectiveness of the process have not been assessed previously. A study assesses standard of written consent for elective lumbar decompressive surgery for degenerative disc disease across different regions and specialties in the UK; level of [patient recall](#) of the consent content; and identifies factors which affect patient recall.

Consent forms of 153 in-patients from 4 centres a, b, c, d were reviewed. Written documentation of intended benefits, alternative treatments and operative risks was assessed. Of them, 108 patients were interviewed within 24 h before or after surgeries to assess recall.

The written documentation rates of the operative risks showed significant inter-centre variations in haemorrhage and sphincter disturbance ( $P = 0.000$ ), but not for others. Analysis of pooled data showed variations in written documentation of risks ( $P < 0.0005$ ), highest in infection (96.1%) and lowest in recurrence (52.3%). For patient recall of these risks, there was no inter-centre variation. Patients' recall of paralysis as a risk was highest (50.9%) and that of recurrence was lowest (6.5%). Patients <65 years old recalled risks better than those  $\geq 65$ , significantly so for infection (29.9 vs 9.7%,  $P = 0.027$ ). Patients consented >14 days compared to <2 days before their surgeries had higher recall for paralysis (65.2 vs 43.7%) and recurrence (17.4 vs 2.8%). Patient recall was independent of consenter grade.

Overall, the standard of written consent for elective lumbar spinal decompressive surgery was sub-optimal, which was partly reflected in the poor patient recall. While consenter seniority did not affect patient recall, younger age and longer consent-to-surgery time improved it <sup>1)</sup>.

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The use of an electronic booklet appears to improve patients' knowledge of their surgical procedure. The use of multimedia booklets in clinical practice could help standardize and optimize the consent process, ensuring that patients receive the relevant information to make a truly informed decision.

<sup>1)</sup>

Lo WB, McAuley CP, Gillies MJ, Grover PJ, Pereira EAC. Consent: an event or a memory in lumbar spinal surgery? A multi-centre, multi-specialty prospective study of documentation and patient recall of consent content. *Eur Spine J*. 2017 May 20. doi: 10.1007/s00586-017-5107-6. [Epub ahead of print] PubMed PMID: 28528481.

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