

Appendix A: Sample Surgical Consult

Thank you for asking me to assess this 59 year old man from Port Hardy regarding his lumbar disc disease. He consented to the telemedicine process today. He has a 6 months history of pain radiating down his right leg, ending up in the lateral aspect of the foot. It came on after lifting a couch and has persisted despite physiotherapy and traction. There is no loss of bowel or bladder function.

Past medical History

Is significant for a previous appendectomy in 2009 and cholecystectomy in 2015. He has a history of hypercholesterolemia and gastric reflux disease. He is taking rosuvastatin, tecta, flexeril, gabapentin, and tylenol. He rarely uses dilaudid for pain. He is a nonsmoker. He was told that he had a penicillin allergy as a child. He works as an electrician, but has been unable to do so for the last month because of the pain.

Examination

He was 6'1" tall and weighed 225lbs (BMI 29). The rest of the examination was deferred due to the pandemic.

I was able to review the MRI of the lumbar spine from March 2022. This shows degenerative disc disease throughout the lumbar spine with a moderate right L4-5 herniation with compression of the descending right L5 root.

Impressions and recommendations

This man has a right L5 radiculopathy and has failed nonsurgical measures. He is unable to function due to radicular pain and he wishes to pursue surgical options. I discussed a right L4-5 minimally invasive microdiscectomy with him and went over the nature and risks of this procedure as well as alternatives such as injection therapy.