

Endoscopic Procedure & +/- Endoscopic Third Ventriculostomy

Facility:

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F

A. INTERPRETER / CULTURAL NEEDS

- An Interpreter Service is required? Yes No
 If Yes, is a qualified Interpreter present? Yes No
 A Cultural Support Person is required? Yes No
 If Yes, is a Cultural Support Person present? Yes No

B. CONDITION AND TREATMENT

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....

.....

This condition requires the following procedure.
(Doctor to document - include site and/or side where relevant to the procedure)

.....

The following will be performed:

- ENDOSCOPIC PROCEDURE**
 **ENDOSCOPIC THIRD
 VENTRICULOSTOMY**

The *endoscopic procedure* is a minimally invasive procedure which gives access to the deepest part of the brain using an instrument called an endoscope.

The procedure can be performed to:

- inspect the brain;
- biopsy/remove small tumours;
- drain/remove cysts and
- create bypass channels for circulation of cerebrospinal fluid (CSF).

A small cut is made in the scalp over the site of the underlying problem. A small hole is drilled into the skull beneath the cut and the firm covering of the brain is opened.

The endoscope is passed through the small hole into the brain. Sometimes, it is necessary to create a small pathway through the brain with the endoscope to reach the problem. Using this technique, access to parts of the brain can be achieved with relative ease.

When completed the endoscope is removed.

Endoscopic third ventriculostomy is performed as an adjunct to the endoscopic procedure in order to create an opening into one of the fluid filled cavities of the brain called the third ventricle.

This procedure is performed to bypass any obstruction to the flow of cerebrospinal fluid. To achieve this the endoscope is passed into fluid filled cavities (ventricles) within the centre of the brain. The endoscope is navigated into the third ventricle

and a small opening is made in the floor of the third ventricle.

This allows the excess cerebrospinal fluid to drain away from the brain, relieving any pressure.

The cut is closed with stitches or staples.

C. RISKS OF THIS PROCEDURE

There are some risks/complications with this procedure/treatment/investigation.

Common risks include;

- Infection. This may need antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- Bleeding. A return to the operating room for further surgery may be required if bleeding occurs. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).

Uncommon risks include;

- A heart attack because of the strain on the heart.
- Stroke or stroke like complications can occur which can cause weakness in the face, arms and legs. This could be temporary or permanent.
- A definitive diagnosis may not be required if the procedure is done for biopsy. This may require further surgery.
- Epilepsy which may require medication. This condition may be temporary or permanent.
- Failure to adequately control the circulation of brain fluid. This may be evident straight after surgery or may present later after adequate control had been achieved. This may require further surgery.
- Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Clots in the leg (deep vein thrombosis or DVT) with pain and swelling. Rarely part of this clot may break off and go into the lungs.

Rare risks include;

- Meningitis. This may require further surgery.
- Injury to the brain, important nerves or blood vessels. This can lead to stroke like complications which can cause weakness in the face, arms and/or legs

PROCEDURAL CONSENT

<h2 style="margin: 0;">Endoscopic Procedure & +/- Endoscopic Third Ventriculostomy</h2>	<p>(Affix patient identification label here)</p> <p>URN: _____</p> <p>Family Name: _____</p> <p>Given Names: _____</p> <p>Address: _____</p> <p>Date of Birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F</p>
<p>Facility:</p>	

- Fluid leakage from around the brain can occur after the operation. This may require further surgery.
- Death is rare due to this procedure.

- if immediate life-threatening events happen during the procedure, they will be treated accordingly.
- a doctor other than the Specialist Neurosurgeon may conduct the procedure. I understand this could be a doctor undergoing further training.

D. SIGNIFICANT RISKS AND PROCEDURE OPTIONS

(Doctor to document in space provided. Continue in Medical Record if necessary.)

.....

.....

E. RISKS OF NOT HAVING THIS PROCEDURE

(Doctor to document in space provided. Continue in Medical Record if necessary.)

.....

.....

F. ANAESTHETIC

(Doctor to document type of anaesthetic required)

.....

G. PATIENT CONSENT

- I acknowledge that the doctor has explained;
- my medical condition and the proposed procedure/treatment/investigations, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
 - the anaesthetic required for this procedure/treatment. I understand the risks, including the risks that are specific to me.
 - other relevant procedure/treatment options and their associated risks.
 - my prognosis and the risks of not having the procedure/treatment.
 - that no guarantee has been made that the procedure/treatment will improve my condition even though it has been carried out with due professional care.
 - the procedure may include a blood transfusion.
 - tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.

I have been given the following Patient Information Sheets;

- About your Anaesthetic**
- Endoscopic Procedure +/- Endoscopic Third Ventriculostomy**
- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure/treatment/ investigations and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time before the procedure/ treatment/investigation, including after I have signed this form but, preferably following a discussion with my doctor.

On the basis of the above statements,

I REQUEST TO HAVE THE PROCEDURE

Name of Patient/
Substitute decision
maker and relationship:

Signature:

Date:

Substitute Decision-Maker: Under the *Powers of Attorney Act 1998 and/or the Guardianship and Administration Act 2000*. If the patient is an adult and unable to give consent, an authorised decision-maker must give consent on the patient's behalf.

H. DOCTOR'S STATEMENT

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor:

Designation:

Signature:

Date:

Name of Anaesthetist:

Designation:

Signature:

Date:

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I. INTERPRETER'S STATEMENT

I have given a sight translation in

.....
(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:

Signature:

Date:.....