		URN:	(Affix patient identification label here)
Microvas	cular Decompression	Family Nam	
for Tr	igeminal Neuralgia	Given Name	25:
		Address:	
Facility:		Date of Birth	
A. INTERPRI	ETER / CULTURAL NEEDS	•	Uncommon risks include;
A Cultural Support	ice is required? Yes No d Interpreter present? Yes No Person is required? Yes No Support Person present? Yes No	, ,	Cranial nerve damage. This may result in loss of hearing, facial weakness & numbness, double vision, hoarse voice, difficulty swallowing &/or impaired tongue movements. Hydrocephalus. This may be temporary or permanent and may require a second operation.
B. CONDITION AND TREATMENT			Brain fluid leakage can occur after the operation. This may require further surgery.
The doctor has explained that you have the following condition: (Doctor to document in patient's own		•	Infection inside the brain. This will require further treatment.
words)		•	Weakness of chewing muscles on the effected side of your face. This is usually temporary.
This condition red	quires the following procedure.	•	Heart attack. A heart attack because of the strain on the heart or a stroke.
(Doctor to document - include site and/or side where relevant to the procedure)		•	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.
		Rar	e risks include;
The following will	be performed:	•	Bleeding inside the head or brain. This would require further surgery.
Trigeminal Neuralgia is a disorder of the trigeminal		•	Meningitis. This would require further treatment.
	nes causes intense pain in the face.	•	Seizures. This would require further treatment.
This procedure involves having a small cut made behind the ear on the same side as the pain. A small		•	Death is rare due to this procedure.
amount of bone will be removed from the skull. A		D.	SIGNIFICANT RISKS AND
microscope is then used to identify the trigeminal nerve and the blood vessels compressing the nerve.			PROCEDURE OPTIONS
Once this is done the surgeon will place some protective cushioning (usually Teflon) between the vessel and the nerve to ensure separation. The removed bone will be replaced with metallic plates			octor to document in space provided. Continue in dical Record if necessary.)
	skin will be closed with sutures.		
	A MICROVASCULAR RESSION FOR TRIGEMINAL		RISKS OF NOT HAVING THIS PRCOEDURE
There are some risks/complications with this procedure/treatment/investigation.			octor to document in space provided. Continue in dical Record if necessary.)
Common risks i			
	equately relieve the pain.		
 Bleeding. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin). Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy. 		F. ANAESTHETIC This treatment/procedure/investigation may require an anaesthetic. (Doctor to document type of anaesthetic required)	

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	(Affix patient identification label here)	
	URN:	
	Family Name:	
Microvascular Decompression	Given Names: Address:	
for Trigeminal Neuralgia		
Facility		
Facility:	Date of Birth: Sex: M F	
G. PATIENT CONSENT	I REQUEST TO HAVE THE PROCEDURE	
I acknowledge that the doctor has explained;	Substitute decision	
• my medical condition and the proposed	maker and relationship:	
procedure/treatment/investigations, including additional treatment if the doctor finds somethi	Signature:	
unexpected. I understand the risks, including the		
risks that are specific to me.	Substitute Decision-Maker: Under the Powers of Attorney Act 1998 and/or the Guardianship and Administration Act 2000. If the	
the anaesthetic required for this	patient is an adult and unable to give consent, an authorised	
procedure/treatment. I understand the risks, including the risks that are specific to me.	decision-maker must give consent on the patient's behalf.	
 other relevant procedure/treatment options and their associated risks. 	H. DOCTOR'S STATEMENT	
• my prognosis and the risks of not having the	I have explained to the patient all the above points	
procedure/treatment.	under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-	
 that no guarantee has been made that the procedure/treatment will improve my condition 	maker has understood the information	
even though it has been carried out with due	Name of	
professional care.	Doctor:	
the procedure may include a blood transfusion		
 tissues and blood may be removed and could used for diagnosis or management of my 	be Signature:	
used for diagnosis or management of my condition, stored and disposed of sensitively by	V Date:	
the hospital.	Name of Anaesthetist:	
• if immediate life-threatening events happen		
during the procedure, they will be treated accordingly.	Designation:	
 a doctor other than the Specialist Neurosurgeo 	Signature:	
may conduct the procedure. I understand this	Date:	
could be a doctor undergoing further training.		
have been given the following Patient Information Sheets;	I. INTERPRETER'S STATEMENT	
□ About your Anaesthetic	I have given a sight translation in	
 Microvascular Decompression for Trigemin Neuralgia 	(state the patient's language here) of the consent	
 I was able to ask questions and raise concerns 		
with the doctor about my condition, the propos	ed written information given to the patient/parent or	
procedure/treatment/ investigations and its risk		
and my treatment options. My questions and concerns have been discussed and answered	to Name of Interpreter:	
my satisfaction.	Signature:	
• I understand I have the right to change my min	ld l	
at any time before the procedure/ treatment/investigation, including after I have	Date:	
signed this form but, preferably following a		
discussion with my doctor.		
On the basis of the above statements,		