# Transsphenoidal Removal for Pituitary Tumour

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:

This procedure is performed to remove a pituitary tumour in the pituitary gland. The tumour is reached by working through the nose.

To accurately localise your tumour a computerised guidance system and a microscope is used to help with the surgery.

By working through one nostril, a hole is made at the back of the nose into the sphenoid sinus, through a layer of bone between the sphenoid sinus and the pituitary gland to gain access to the tumour.

As much of the tumour will be removed as is safe to do so.

To help fill the hole from the tumour it may be necessary to remove small pieces of fat and other tissue through a small cut in your thigh.

Tissue glue may be used to secure these in place. This helps to prevent leakage of brain (cerebrospinal) fluid.

The cut in your leg will be closed with sutures and the nose packed with a spongy material.

## 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, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Fluid leakage from around the brain can occur after the operation. This may require further surgery.

**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.
- Visual damage or blindness. This may be present prior to surgery and may not improve.
- Pituitary dysfunction. This may require further treatment.
- 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;

- Death is very rare due to this procedure.

## D. SIGNIFICANT RISKS AND TREATMENT OPTIONS

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

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.....

## 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)*

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.....

PROCEDURAL CONSENT



Continues over page ►►►

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## 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.
- 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.

**I have been given the following Patient Information Sheets;**

☐ **Anaesthetic**

☐ **Procedure/Treatment**

- 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:** .....

## 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:** .....

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