

Craniotomy & Resection of Intrinsic Lesion

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/treatment/investigation. *(Doctor to document - include site and/or side where relevant to the procedure)*

.....

.....

The following will be performed:

A Craniotomy and resection of Intrinsic Lesion is performed to remove a lesion from within the brain. A cut is made over the area of the lesion. A segment of bone will be removed. If the lesion is not seen on the surface of the brain, a cut is made into the brain to expose the lesion. A computerised guidance system is used to locate the exact location of the lesion. The lesion is removed either from the inside by removing it piece by piece or by going around the outside of the lesion to separate it from the brain. As much of the lesion will be removed as is safe to do so. The skull bone is put back and is closed with plates and screws and the cut closed with stitches or staples.

C. RISKS OF A CRANIOTOMY & RESECTION OF INTRINSIC LESION

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

Common risks include;

- Infection. This may need antibiotics and further treatment.
- IV cannula. This may cause minor pain, bruising and/or infection at the injection site. This may require treatment with antibiotics.
- Bleeding. If bleeding occurs further surgery may be required. 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)

Bleeding may require a blood transfusion and 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.
- A heart attack because of the strain on the heart.
- Stroke like complications which can cause weakness in the face, arms and/or legs. This may be temporary or permanent.
- Injury to the brain, important nerves or blood vessels. This can lead to memory disturbance.
- Fluid leakage from the brain can occur after the operation. This may require further surgery.
- Epilepsy which may require medication. This condition may be temporary or permanent.
- Loss of vision which may be temporary or permanent.
- The lesion may not be cured by surgery and may require further treatment such as radiotherapy.
- It is likely that not every cell of the intrinsic lesion will be able to be removed. This may require further treatment.
- Coma.
- Death is possible due to this procedure.

Uncommon risks include;

•

Rare risks include;

•

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.)

.....

.....

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F. ANAESTHETIC

This treatment/procedure/investigation may require an anaesthetic. *(Doctor to document type of anaesthetic required)*

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.....

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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;

- About your Anaesthetic**
- Craniotomy & Resection of Intrinsic Lesion**
- Blood & Blood Products Transfusion**
- 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:.....