

Insertion of Ventricular Shunt

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:

- Peritoneal Shunt**
 Pleural Shunt
 Atrial Shunt

This procedure is performed to relieve pressure inside the skull caused by fluid on the brain. This fluid is drained from the ventricles of the brain into the abdominal/pleural cavity or atrium by the means of a shunt. A shunt usually consists of two catheters and a one-way valve.

A small cut is made in the scalp and a small hole is drilled into the skull beneath the cut. A small tube (catheter) is placed into the brain to drain the fluid.

Another cut is made either in the abdomen or chest. A second catheter is tunnelled under the skin, from behind the ear, down the neck and chest, and ending a cavity.

The catheter from the abdomen and the catheter in the brain are then connected by a valve. This valve controls the flow of fluid from the brain.

The valve will be sutured to stop it from moving. The wounds will be closed with sutures.

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. 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)

Uncommon risks include;

- The shunt may go into an unexpected position. This may require further surgery to re-position the shunt.
- The shunt may become infected. This may require removal of the shunt.
- The shunt may block, become disconnected or malfunction. This may require further surgery.
- Abnormal sensations from the wound. This may be temporary or permanent.
- Fluid leakage from around the brain can occur after the operation. 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.

Extra specific risks of Pleural Shunt.

- Air in the lung (Pneumothorax). This would require further treatment.
- Collection of fluid within the lung. (Pleural effusion). This would require further treatment.

Extra specific risks of Atrial Shunt.

- Arrhythmias. This would require further treatment.
- Infection of the heart (Infective Carditis). This would require further treatment.
- Kidney infection (Glomerular nephritis). This would require further treatment.

Rare 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.
- Epilepsy which may require medication. This condition may be temporary or permanent.
- Injury to the liver, bowel, lung or heart due to the tunnelling process. This may require further surgery and an increase in hospital stay.
- Death is rare due to this procedure.

D. SIGNIFICANT RISKS AND PROCEDURE OPTIONS

PROCEDURAL CONSENT

<h2 style="margin: 0;">Insertion of Ventricular Shunt</h2>	<p>(Affix patient identification label here)</p>
<p>Facility:</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>

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

.....

.....

E. RISKS OF NOT HAVING THIS PRCEDURE

(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.
 - 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**
- Insertion of Ventricular Shunt**
- 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: