



# CONSENT FORM FOR CRANIOTOMY

Med Rec. No.....

Surname:.....

Forename: .....

DOB:.....

AFFIX LABEL HERE

## PROPOSED TREATMENT

The doctor has explained that I, *(name of patient)* ....., have the following condition:.....and that the following **craniotomy** is proposed:.....*(specify location)*

**This means gaining access to the brain by drilling a hole in, or removing, part of the skull. If a small piece of bone (bone flap) is removed to make a window, this may be replaced at the end of the operation.**

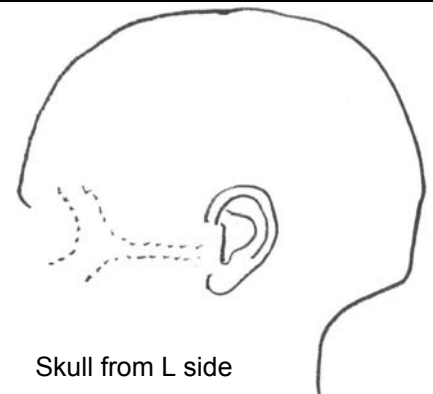
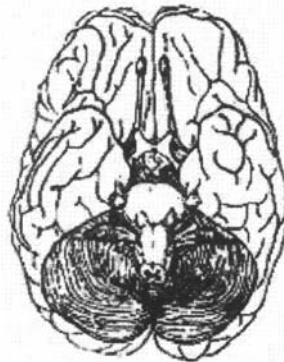
**Under a general anaesthetic, blood pressure and fluid monitoring lines may be placed into a wrist artery and/or a major neck or chest vein. A urinary catheter keeps the bladder empty. The hair may be shaved around the planned skin incision. A curved cut is made in the scalp, at least one small hole is drilled in the skull. If necessary, a bone flap may be removed. The outer covering of the brain, (the dura) is then cut and the brain exposed. The tissue to be removed is carefully separated from normal brain tissue using special instruments and sent to the laboratory for detailed examination.**

**All bleeding is stopped. The dura may be stitched closed, left open or closed using a substitute tissue. A bone flap may be replaced and fixed in place, and the scalp wound is closed using stitches or staples. A drain may be left in place to remove any fluid collections.**



Left side view of brain

Brain from below



Skull from L side

## RISKS

*These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your neurosurgeon if you have any general or specific concerns.*

I understand there are risks associated with any **anaesthetic** (see separate *Anaesthetic Consent Form*).

I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand **craniotomy** has the following **general risks and limitations**:

- I may develop areas of minor collapse in the lungs, increasing my risk of getting a chest infection. I may require treatment with physiotherapy.
- I may have a heart attack from strain on my heart.
- I may develop a clot in my legs (deep vein thrombosis), with pain and swelling. If a piece of this clot breaks off, it may travel to my lungs (pulmonary embolus), making me breathless, or rarely even causing death.
- I may develop an infection associated with the urinary catheter or the intravenous lines, which may require antibiotic treatment

I understand **craniotomy** has the following **specific risks and limitations**, although some risks only apply to certain procedures. Your doctor will explain those for which you are personally at risk:

- As a reaction to the surgery, my brain may swell, increasing the pressure inside my skull (raised intracranial pressure). I will be closely monitored for this. I may be given drugs to reverse this or I may need a second procedure to reduce the pressure.
- Fluid may collect in my brain (hydrocephalus) or a blood clot may collect inside or outside my brain. This may need to be drained.

RISKS CONTINUED OVERLEAF →

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FOR  
CRANIOTOMY**

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**RISKS CONTINUED**

- Spinal fluid from around my brain may leak from the wound. If this does not stop spontaneously, I may need another procedure to stop the leak. I may also need antibiotics.
- I may notice some swelling over my eyelid(s) or scalp flap that may increase for the first few days.
- My scalp wound, bone or brain may become infected, requiring antibiotics or occasionally drainage
- Depending on the exact procedure, I may have a stroke, develop epilepsy or have damage to one or more cranial nerves. If this is a risk for me, my surgeon will explain the consequences and management.
- I may feel more tired than usual for 2 to 6 weeks after surgery.

I understand some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

**INDIVIDUAL RISKS**

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....

**DECLARATION BY PATIENT**

- I acknowledge the neurosurgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the neurosurgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my neurosurgeon during this operation.
- I consent to a **blood transfusion**, if needed (*patient to circle and initial choice*) **YES**                      **NO**
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist neurosurgeon may perform the procedure.
- I understand that no guarantee has been given to me that this operation will be successful.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.

**Signature of patient** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If the patient is an adult and unable to give consent, a proxy form must be completed and attached*

**DECLARATION BY DOCTOR**

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

**Doctor's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Doctor's Name**  
(please print clearly) \_\_\_\_\_

**INTERPRETER'S DECLARATION** - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

**Interpreter's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Interpreter's name**  
(please print) \_\_\_\_\_