

## Informed Consent for Craniotomy

Name: \_\_\_\_\_ Age (in years): \_\_\_\_\_ Gender:  M  F  Other

UHID No./Registration No.: \_\_\_\_\_

Interpreter Service:  Yes  No

Consultant's Name: \_\_\_\_\_

### Medical Condition

The doctor has explained that I/my child/my .....have the following medical condition:

.....

and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

.....

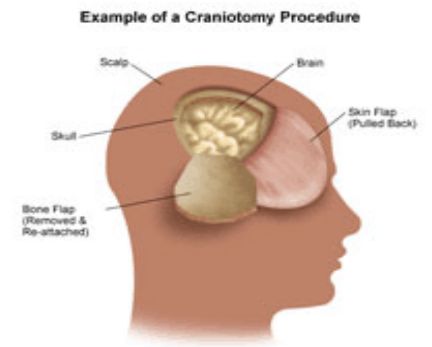
I authorise Dr. .... and his/her associates to perform the above treatment/ procedure.

The doctor should document the site and/or side where relevant to the procedure:.....

.....

### Introduction

A craniotomy is an operation to open the skull to expose the brain. The word craniotomy means making a hole (-otomy) in the skull (cranium). The doctor will administer general anaesthesia. To gain access to the brain, the doctor will temporarily remove a small section of bone in your skull. The doctor will decide the precise location of opening the skull after studying your brain scans and other investigations that have been carried out before the operation. Once the opening is made, the doctor will remove or treat the lesion (abnormal tissue or growth) found in the brain. After the surgery, the doctor will replace the bone to cover the hole that has been made.



### Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

### Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

### Intended Benefits (To be documented by doctor)

### Risks and Complications (To be documented by doctor)

### Patient Specific Risks (To be documented by doctor)

- To get cured of the problem.
- Less discomfort.
- Others, if any specify:

#### Common Risks (>5%)

- Infection
- Bleeding
- Leakage of brain fluid (cerebrospinal fluid) through the wound which may require further surgery.
- Stroke or stroke-like complications which can cause weakness in the face, arms and/ or legs. This may be temporary or permanent.
- Epilepsy which may require medication. This may be temporary or permanent
- Minor pain, bruising and/or infection from IV cannula site.
- Skull deformity and/or poor cosmetic result may occur requiring further surgery.
- Decrease in the normal body salt concentration.
- Deep vein thrombosis (DVT): Blood clot in the leg causing pain and swelling. In rare cases, part of the clot may break off and travel to the lungs.
- Abnormal sensations such as pins and needles, numbness or pain may occur from the wound after the operation. This may be temporary or permanent.
- Cardiac malfunction including cardiac arrest.
- Inability to remove entire lesion by surgery and may require further treatment such as radiotherapy and/or chemotherapy.
- Occurrence of meningitis requiring further treatment and antibiotics.
- Visual disturbance which may be temporary or permanent.
- Coma

- 1)
- 2)
- 3)
- 4)

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- Death
- Others, if any specify:

**Likelihood of the Success Rate of Procedure** (To be documented by doctor)

**Alternatives** (To be documented by doctor)

**Specific Notes Related to Procedure** (Strike out if not required)

**Precise Action Points Understood by the Patient/Substitute Decision Maker** (To be documented by patient/substitute decision maker in his/her language)

### Patient's Authorisation

- The doctor has explained my/the patient's medical condition and proposed treatment/procedure. I/we have been explained and have understood the intended benefits/risks known to be attached with the planned treatment/procedure including the risks that are specific to me/the patient and their likely outcomes.
- The doctor has explained other relevant/alternate treatment options and their associated benefits/risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
- I was able to ask questions and raise concerns with the doctor about the procedure and its benefits/risks and my/patient's treatment options. My queries and concerns have been discussed and answered to my full satisfaction.
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
- I understand that if organs or tissues are removed during the surgery that these may be retained for prescribed tests and shall be disposed of sensitively by the hospital as per the regulatory provisions.
- The doctor has explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above-named physician/surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants.
- I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.
- I understand that I have the right to refuse treatment before surgery/procedure. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital and I shall be solely responsible for the outcome of such refusal.

- I consent to if any photographing or television of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However, suitable precautions shall be taken by the hospital that my identity is not revealed anywhere.  Yes  No
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room.  Yes  No

Hospital Logo

Patient Identification Label

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Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:
<b>Declaration by the Doctor</b> I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.				
Name and Signature of the Doctor with Reg No:			Date and Time:	