| Hospital Logo | | Patient Identification Label |
|---|---|---|

# Informed Consent for Ventriculoperitoneal Shunt

| 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:……

……

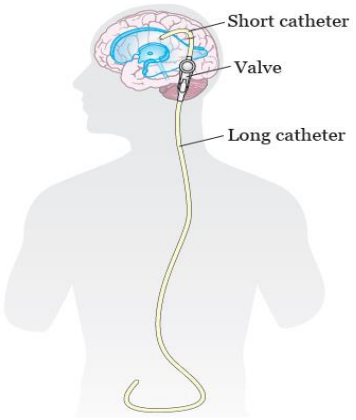
**Introduction**

Ventriculoperitoneal (VP) shunting is performed to relieve pressure inside the skull caused by fluid that has accumulated in the ventricles of the brain. It is done under general anaesthesia. A shunt is used to drain this fluid into the abdominal/pleural cavity or atrium of the heart. The shunt is a medical device that consists of two catheters (small tubes) and one-way valve.

The doctor will make a small incision (cut) in your scalp and drill a small hole into your skull beneath the incision. Through this hole, the doctor will place the first catheter in your brain.

The doctor will make another incision either in your abdomen or chest. The doctor will tunnel the second catheter subcutaneously (under the skin) behind the ear, down the neck and chest till it reaches your abdomen.

The doctor will connect the two catheters to one-way valve. The valve will control the flow of fluid from the brain to the abdominal cavity. The doctor will suture the valve under the skin to stop it from moving. And close the incisions with sutures.




**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) |
|---|---|---|
| | ▪ Infection<br>▪ Bleeding<br>▪ Shunt malfunction or blockage and infection.<br>▪ Abnormal sensations such as pins and needles, numbness or pain may occur from the wound after the operation.<br>▪ Fluid leakage from around the brain may occur through the wound after the operation. This may require further surgery.<br>▪ Cardiac malfunction including cardiac arrest<br>▪ Blood clot in the leg Deep Vein Thrombosis (DVT) causing pain and swelling<br>▪ Stroke or stroke like complications may occur causing neurological deficits such as weakness in the face, arms and legs<br>▪ Epilepsy<br>▪ Injury to the liver, bowel, lung or heart due to the surgical tunnelling process<br>▪ Death<br>▪ Others, if any specify: | **1)**<br>**2)**<br>**3)**<br>**4)** |

| Hospital Logo | | Patient Identification Label |
|---|---|---|

# Informed Consent for Ventriculoperitoneal Shunt

| **Likelihood of the Success Rate of the Procedure** (To be documented by doctor) | **Alternatives** (To be documented by doctor)<br>▪ Endoscopic third ventriculostomy (ETV): Instead of inserting a shunt, the surgeon makes a hole in the floor of your brain to allow the trapped cerebrospinal fluid (CSF) to escape to the brain's surface, where it can be absorbed.<br>▪ Others, if any specify: |
|---|---|
| **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 |
|---|---|---|

# Informed Consent for Ventriculoperitoneal Shunt

| 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: |

**Declaration by the Doctor**

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: |
|---|---|