



Queensland  
Government

## Insertion of Syrxinx Shunt

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

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)*

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.....

A Syrxinx is a disease in which fluid filled cavities form within the spinal cord and compress the nerve fibres. This procedure is performed to insert a tube (shunt) into the fluid filled cavity within the spinal cord to allow the fluid to drain away

### C. Risks of the insertion of a syrxinx shunt

There are risks and complications with this procedure. They include but are not limited to the following.

**Common risks and complications (more than 5%)** include:

- Infection, requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- The disability or symptoms may not be improved by surgery or may continue to deteriorate.
- Areas of numbness or weakness may occur post surgery. This may be temporary or permanent.

**Uncommon risks and complications (1-5%)** include:

- Bleeding is more common if you have been taking blood thinning drugs such as anticoagulants (eg warfarin, dabigatran, rivaroxaban), antiplatelets (eg aspirin, clopidogrel, dipyridamole) or supplements like fish oil.
- Heart attack due to the strain on the heart.
- Stroke or stroke like complications may occur causing neurological deficits such as weakness in the face, arms and legs. This could be temporary or permanent.

- Injury to the spinal cord may result in paraplegia. This could be temporary or permanent.
- Depending on the location and severity of the fluid filled cavity; bladder, bowel or breathing problems could occur after surgery. This may be temporary or permanent.
- The shunt may be inadequately placed. This may require further surgery to re-position the shunt.
- The shunt may become blocked or disconnected. This would require further treatment.
- Spinal fluid may leak through the wound which may cause infection and poor wound healing. This would require further treatment.
- Visual disturbance which may be temporary or permanent.
- Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Instability of the spine or abnormal alignment may occur. This may require further surgery.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

**Rare risks and complications (less than 1%)** include:

- Due to limitations of imaging and body habitus occasionally a wrong level will be operated on necessitating further treatment.
- Death as a result of this procedure is very rare.

### D. Significant risks and procedure options

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

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### 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 procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*



# Insertion of Syrinx Shunt

Facility:

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URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, 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. 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.
- that no guarantee has been made that the procedure 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 based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

### I have been given the following Patient Information Sheet/s:

- About Your Anaesthetic
- Insertion of Syrinx Shunt
- Blood & Blood Products Transfusion

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure 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, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

## I request to have the procedure

Name of Patient: .....

Signature: .....

Date: .....

Location of the original or certified copy of the AHD:

Name of Substitute

Decision Maker/s: .....

Signature: .....

Relationship to patient: .....

Date: ..... PH No: .....

### Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

## H. Doctor/delegate 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/delegate: .....

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: .....

DO NOT WRITE IN THIS BINDING MARGIN

# Consent Information - Patient Copy

## Insertion of Syrix Shunt

### 1. What is an insertion of a syrix shunt?

A Syrix is a disease in which fluid filled cavities form within the spinal cord and compress the nerve fibres.

A Syrix shunt is a tube (shunt) inserted into the fluid filled cavity within the spinal cord to allow the fluid to drain away.

A cut in the skin is made which corresponds to the correct level of the fluid filled cavity. Some bone from the spine is removed and a small cut is made in the thinned spinal cord.

A small piece of plastic tubing (shunt) is placed into the fluid filled cavity. The fluid from the cavity can be drained into the fluid around the spinal cord or to another site.

The cut will be closed with stitches or staples.

### 2. My anaesthetic

This procedure will require a general anaesthetic.

See **About Your Anaesthetic information sheet** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

*If you have not been given an information sheet, please ask for one.*

### 3. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

**Common risks and complications (more than 5%)** include:

- Infection, requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- The disability or symptoms may not be improved by surgery or may continue to deteriorate.
- Areas of numbness or weakness may occur post surgery. This may be temporary or permanent.

**Uncommon risks and complications (1-5%)** include:

- Bleeding is more common if you have been taking blood thinning drugs such as anticoagulants (eg warfarin, dabigatran, rivaroxaban), antiplatelets (eg aspirin, clopidogrel, dipyridamole) or supplements like fish oil. Check with the treating doctor or relevant clinical staff if any medication you are taking, that is not list here, acts like a blood thinner.
- Heart attack due to the strain on the heart.
- Stroke or stroke like complications may occur causing neurological deficits such as weakness in the face, arms and legs. This could be temporary or permanent.

- Injury to the spinal cord may result in paraplegia. This could be temporary or permanent.
- Depending on the location and severity of the fluid filled cavity; bladder, bowel or breathing problems could occur after surgery. This may be temporary or permanent.
- The shunt may be inadequately placed. This may require further surgery to re-position the shunt.
- The shunt may become blocked or disconnected. This would require further treatment.
- Spinal fluid may leak through the wound which may cause infection and poor wound healing. This would require further treatment.
- Visual disturbance which may be temporary or permanent.
- Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Instability of the spine or abnormal alignment may occur. This may require further surgery.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

#### Rare risks and complications (less than 1%)

include:

- Due to limitations of imaging and body habitus occasionally a wrong level will be operated on necessitating further treatment.
- Death as a result of this procedure is very rare.

#### Notes to talk to my doctor about:

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