Common risks and complications (more than 5%) include:
- Infection requiring antibiotics and further treatment.
- Meningitis may occur requiring further treatment and antibiotics.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- The drain may dislodge or move. This may require further surgery.

Uncommon risks and complications (1-5%) include:
- Bleeding can occur and may require a return to the operating room. 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).
- 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.

Rare risks and complications (less than 1%) include:
- Injury to the brain, important nerves or blood vessels. This can lead to stroke like complications.
- Death as a result of this procedure is very rare.
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 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 External Ventricular Drain
☐ 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,
1. What is the insertion of external ventricular drain?

External ventricular drains are inserted into the brain for the management of excess fluid or increased pressure on the brain.

The procedure involves a small cut being made about 10cm above the eyebrow usually on the top right hand side of the head. A small hole is drilled into the skull beneath the cut and the firm covering of the brain is opened.

A small plastic tube (drain) is passed into the fluid spaces of the brain and stitched in place. The drain is connected to a drainage collection bag to collect the fluid from the brain. The drain will stay in place until the excess fluid is managed or other treatment options are considered.

The cut is closed with sutures or clips.

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.

Consent Information - Patient Copy
Insertion of External Ventricular Drain

Common risks and complications (more than 5%) include:
- Infection requiring antibiotics and further treatment.
- Meningitis may occur requiring further treatment and antibiotics.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- The drain may dislodge or move. This may require further surgery.

Uncommon risks and complications (1-5%) include:
- Bleeding can occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- 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.
- Fluid leakage from around the brain may occur from the wound after the operation. This may require further surgery.
- The drain may block and/or not drain adequately. This will require further surgery to replace the drain.
- The drain may need to be replaced in the future with a more permanent diversion device.
- Epilepsy which may require medication. This condition may be temporary or permanent.
- 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.
- 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:
- Injury to the brain, important nerves or blood vessels. This can lead to stroke like complications.
- Death as a result of this procedure is very rare.

Notes to talk to my doctor about:
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