



Queensland Government

Microvascular Decompression for Trigeminal Neuralgia

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

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)

.....
.....
This procedure is performed to relieve compression on the Trigeminal Nerve by placing some protective cushioning (usually Teflon) between the vessel and the nerve to ensure separation of the same.

C. Risks of microvascular decompression for trigeminal neuralgia

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.
- 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.
- Recurrence or failure to adequately relieve the facial pain. This may require further treatment.
- Trigeminal nerve damage. This may result in numbness of the face or eye. This may be temporary or permanent.

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

- 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. Uncoordination and unsteadiness can occur. This could be temporary or permanent.

- Double vision, hearing loss or facial weakness may occur this may be temporary or permanent.
- Fluid leakage from around the brain may occur through the wound after the operation. This may require further surgery.
- Weakness of the chewing muscles on the effected side of the face. This is usually temporary.
- Numb cornea (eye) may require temporary or permanent closure of the eyelid.
- An abnormality compressing the nerve may not be found at surgery. Further treatment may be required to alleviate the pain
- Meningitis may occur requiring further treatment and antibiotics.
- 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:

- Severe facial burning pain that is unresponsive to treatment, which is permanent.
- Epilepsy which may require medication. This condition may be temporary or permanent.
- Build up of fluid within the brain (Hydrocephalus) requiring a temporary drain or permanent shunt. This may be temporary or permanent.
- Severe drop in heart rate requiring resuscitation.
- 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.)

E. Risks of not having this procedure

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

F. Anaesthetic

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



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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**
- Microvascular Decompression for Trigeminal Neuralgia**
- 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: _____

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive?

Yes ▶ Location of the original or certified copy of the Advance Health Directive (AHD): _____

No ▶ 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

Microvascular Decompression for Trigeminal Neuralgia

1. What is a microvascular decompression for trigeminal neuralgia?

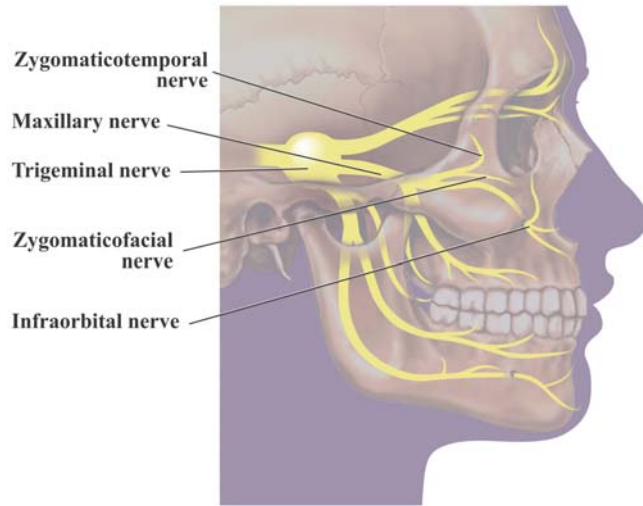
Trigeminal Neuralgia is a disorder of the trigeminal nerve which at times causes intense pain in the face.

This procedure involves having a cut made behind the ear on the same side as the pain. A window of bone will be removed from the skull.

A microscope is used to identify the Trigeminal Nerve and the blood vessels compressing the nerve. Once this is done, some protective cushioning (usually Teflon) is placed between the vessel and the nerve to ensure separation of the same.

The removed bone will be replaced with metal plates and screws.

The skin will be closed with sutures.



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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.

include:

- Infection, requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- 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.

- Recurrence or failure to adequately relieve the facial pain. This may require further treatment.
- Cranial nerve damage. This may result in numbness of the face or eye. This may be temporary or permanent.

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

- 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..
- Double vision, hearing loss or facial weakness may occur this may be temporary or permanent.
- Fluid leakage from around the brain may occur through the wound after the operation. This may require further surgery.
- Weakness of the chewing muscles on the effected side of the face. This is usually temporary.
- Numb cornea (eye) may require temporary or permanent closure of the eyelid.
- 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:

- Severe facial burning pain that is unresponsive to treatment, which is permanent.
- Meningitis may occur requiring further treatment and antibiotics.
- Epilepsy which may require medication. This condition may be temporary or permanent.
- Build up of fluid within the brain (Hydrocephalus) requiring a temporary drain or permanent shunt. This may be temporary or permanent.
- Severe drop in heart rate requiring resuscitation.
- Death as a result of this procedure is very rare.

Notes to talk to my doctor about:

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