



Queensland Government

Transsphenoidal Removal for Pituitary Tumour

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)*

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.....

This condition requires the following procedure. *(Doctor to document - include site and/or side where relevant to the procedure)*

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.....

This procedure is performed to remove a pituitary tumour from the pituitary gland. The tumour is reached by working through the nose

C. Risks of a transsphenoidal removal for a pituitary tumour

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.
- Pituitary dysfunction requiring further medical treatment. This may be temporary or permanent.
- Fluid leakage from around the brain may occur after the operation. This may require further surgery.
- All of the tumour may not be removed at surgery. This may require further treatment.

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.
- Visual damage, this could include double vision, a droopy eye/s or blindness. This may be present prior to surgery and may not improve or may even get

worse following surgery. It may be temporary or permanent.

- Meningitis may occur requiring further treatment and antibiotics.
- Infection or blood clot formation may occur at where the fat or tissue is taken for the graft. This may require further treatment.
- 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:

- Major bleeding through the nose. This may require further surgery.
- 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)*

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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**
- Transsphenoidal Removal of Pituitary Tumour**
- 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.

Samples of brain tumors are very important for research. If you tick the box below a sample will be sent for research.

- I agree to a sample of my tumour for research and clinical data being kept.
- I agree to having a blood sample taken for research.

**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 AHD?

Yes Location of the original or certified copy of the 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: _____

Consent Information - Patient Copy

Transsphenoidal Removal for Pituitary Tumour

1. What is a transsphenoidal removal for a pituitary tumour?

This procedure is performed to remove a pituitary tumour from the pituitary gland. The tumour is reached by working through the nose.

To accurately localise your tumour a computerised guidance system and a microscope or endoscope is used to assist with the surgery.

By working through the nostrils, a hole is made at the back of the nose into the sphenoid sinus, through a layer of bone between the sphenoid sinus and the pituitary gland to gain access to the tumour. As much tumour will be removed as is safe to do so.

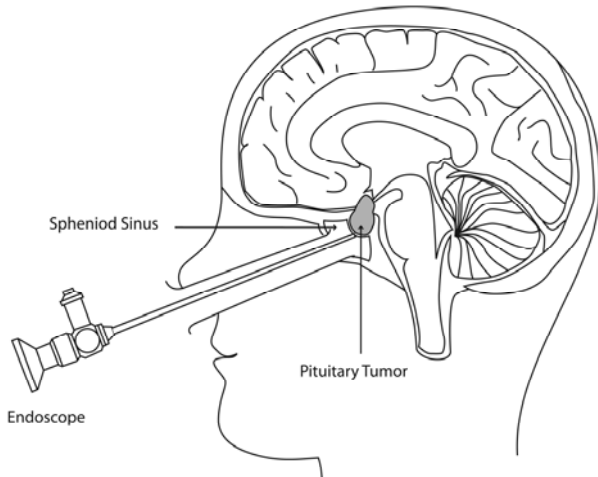
At the end of the procedure, to help fill the hole from where the tumour was removed, it may be necessary to fill the hole with small pieces of fat and other tissue which are harvested through a small cut in your thigh or abdomen.

Tissue glue may be used to secure the tissue fat and other tissue in place. This helps to prevent leakage of brain (cerebrospinal) fluid.

The cut in your thigh will be closed with sutures and the nose maybe packed with a spongy material.

After the procedure, you will be able to carefully wipe your nose but *not* blow it as air may be pushed into the brain. You will *not* be able to blow your nose for 6 weeks after the procedure.

Regular MRI's and blood tests will be required after surgery to confirm your tumour is as well controlled as possible.



Transsphenoidal, Herston Multi Media Unit, RBWH, 2009

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.
- 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 fish oil supplements. 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.
- Pituitary dysfunction requiring further medical treatment. This may be temporary or permanent.
- Fluid leakage from around the brain may occur after the operation. This may require further surgery.
- All of the tumour may not be removed at surgery. This may require further treatment.

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.
- Visual damage, this could include double vision, a droopy eye/s or blindness. This may be present prior to surgery and may not improve or may even get worse following surgery. It may be temporary or permanent.
- 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:

- Major bleeding through the nose. This may require further surgery.
- Death as a result of this procedure is very rare.

Notes to talk to my doctor about:

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