Queensland Government

Posterior Fossa Decompression

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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A posterior fossa decompression procedure is performed to relieve pressure at the base of the brain. It is used for the treatment and management of cerebellar strokes, bleeds, tumours and Chiari malformation.

C. Risks of posterior fossa decompression

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 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.
- Post-operative vomiting is likely to occur requiring treatment with medication.
- Fluid leakage from around the brain may occur through the wound after the operation. This may require further surgery.

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.
- Build up of fluid within the brain (Hydrocephalus) requiring a temporary drain or permanent shunt. This may be temporary or permanent.
- The problem may not be cured by surgery. This may require further treatment.
- Ongoing deterioration in symptoms including neck pain, despite decompression. This may be temporary or permanent.
- Visual disturbance. This may be temporary or permanent.
- Decrease in the normal body salt concentration. This may require admission to intensive care and further treatment.
- Skull deformity and/or poor cosmetic result may occur requiring further surgery at a later stage.
- 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:

- Instability of the spine or abnormal alignment may occur requiring further surgery.
- Inability to talk due to cerebellar mutism. This is usually temporary.
- Inability to breathe when asleep. This may require long term ventilation.
- 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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PROCEDURAL CONSENT FORM

v2.00 – 10/2013
SW9072

Continues over page ►►►

Queensland Government

Posterior Fossa Decompression

Facility:

(Affix identification label here)

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**
- ☐ **Posterior Fossa Decompression**
- ☐ **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 (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:

DO NOT WRITE IN THIS BINDING MARGIN

02/2011 – v2.00

Queensland Government

Consent Information - Patient Copy
Posterior Fossa Decompression

1. What is a posterior fossa decompression?

A posterior fossa decompression procedure is performed to relieve pressure at the base of the brain. It is used for the treatment and management of cerebellar strokes, bleeds, tumours and Chiari malformation.

The procedure involves a cut being made into the tissues at the back of the head and the neck bones covering the base of the brain.

A small section of bone is removed from the base of the skull and at times from the upper spine. In many conditions this is all that is required.

However, for conditions such as bleeding and tumour, the lining of the cerebellum will be opened. The clot or tumour will be removed.

The opening will be closed either using a tissue graft taken from a separate cut in your thigh or with a synthetic material.

The removed skull bone is not usually put back in place. 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.

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 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.
- Post-operative vomiting is likely to occur requiring treatment with medication.
- Fluid leakage from around the brain may occur through the wound after the operation. This may require further surgery.

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.
- Build up of fluid within the brain (Hydrocephalus) requiring a temporary drain or permanent shunt. This may be temporary or permanent.
- The problem may not be cured by surgery. This may require further treatment.
- Ongoing deterioration in symptoms including neck pain, despite decompression. This may be temporary or permanent.
- Visual disturbance. This may be temporary or permanent.
- Decrease in the normal body salt concentration. This may require admission to intensive care and further treatment.
- Skull deformity and/or poor cosmetic result may occur requiring further surgery at a later stage.
- 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:

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- Inability to talk due to cerebellar mutism. This is usually temporary.
- Inability to breathe when asleep. This may require long term ventilation.
- Death as a result of this procedure is very rare.

Notes to talk to my doctor about:

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10/2013 - v2.00