Common risks include but are not limited to the following:

- Injection, the doctor believes the benefits to you from having this procedure exceed the risks involved.

In recommending the Intrathecal Chemotherapy Injection, the doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks/complications with this procedure can include but are not limited to the following.

**Common risks and complications include:**

- Headache may require medication and bed rest.
- Minor pain, bruising and/or infection at the injection site. This may require treatment with antibiotics.
- Low blood pressure causing dizziness. Bed rest can help relieve this.
- Bleeding or bruising could occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time.

**Risks of the procedure**

In recommending the Intrathecal Chemotherapy Injection, the doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks/complications with this procedure can include but are not limited to the following.

**Common risks and complications include:**

- Headache may require medication and bed rest.
- Minor pain, bruising and/or infection at the injection site. This may require treatment with antibiotics.
- Low blood pressure causing dizziness. Bed rest can help relieve this.
- Bleeding or bruising could occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time.

**Less common risks and complications include:**

- A severe headache, may need to have bed rest for several days. Sometimes other procedures are required to be done to relieve this headache.
- Vomiting may occur and require treatment with medication.
- Infection, requiring antibiotics and further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- An allergy to injected drugs may occur, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

**Rare risks and complications include:**

- Injury to the spinal cord. This may require surgery.
- Permanent nerve damage with possible paralysis.
- An increased lifetime cancer risk due to the exposure to x-rays.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Meningitis requiring antibiotics and other treatment.
- Death as a result of this procedure is very rare.
D. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

• the risks and complications, including the risks that are specific to me.
• the sedation/anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
• that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
• if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
• a doctor/doctor delegate undergoing further training may conduct this procedure.

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

☐ Lumbar Puncture for Intrathecal Chemotherapy

• I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. 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/doctor delegate.
• 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.
• I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

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)

E. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (D) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: ...................................................................................................................
Designation: .........................................................................................................................................
Signature: ...............................................................................................................................................
Date: ..................................................................................................................................................

F. 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: ..................................................................................................................................................
1. **What is a lumbar puncture intrathecal chemotherapy injection?**

A lumbar puncture Intrathecal Chemotherapy Injection is a procedure that uses x-ray to guide a needle into position, so chemotherapy drugs can be injected into your spinal fluid. Sometimes, a small amount of cerebrospinal fluid (CSF) will be collected and sent to pathology for testing.

2. **Will there be any discomfort, is any anaesthetic needed?**

This procedure will require an injection of local anaesthetic. The local anaesthetic is used to numb a small part of your back. It is used to prevent or relieve pain, but will not put you to sleep.

3. **Preparation for the procedure**

The medical imaging department will give you instructions on how to prepare for your procedure.

- Please tell the staff if you are or suspect you might be pregnant or are breastfeeding.
- **If you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin) or any other drug that is used to thin your blood** ask your doctor/health practitioner if you should stop taking it before the procedure as it may affect your blood clotting.
- **List or bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements**
- **Do not drink any alcohol and stop recreational drugs** 24 hours before the procedure as these may alter the affects of the sedation anaesthetic. If you have a drug habit please tell your doctor.

4. **During the procedure**

A local anaesthetic is injected into the soft tissues of your lower back.

A spinal needle is put into your back. While the needle is inserted try not to move or cough suddenly.

X-ray pictures are taken to guide the needle into the spinal canal.

An Oncology doctor will inject the chemotherapy drugs through the needle and into your spinal fluid.

The needle is removed from your back and a dressing is applied.

5. **After the procedure**

You may need to lie flat for a period of time to reduce the risk of a headache. This is at the discretion of the doctor.

Take care when you first stand, as temporary leg weakness can occur.

6. **What are the risks of this specific procedure?**

The risks/complications with this procedure can include but are not limited to the following.

**Common risks and complications include:**

- Headache may require medication and bed rest.
- Minor pain, bruising and/or infection at the injection site. This may require treatment with antibiotics.
- Low blood pressure causing dizziness. Bed rest can help relieve this.
- Bleeding or bruising could occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
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**Less common risks and complications include:**

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- Vomiting may occur and require treatment with medication.
- Infection, requiring antibiotics and further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- An allergy to injected drugs may occur, requiring further treatment.
• The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:
• Injury to the spinal cord. This may require surgery.
• Permanent nerve damage with possible paralysis.
• An increased lifetime cancer risk due to the exposure to x-rays.
• Seizures and/or cardiac arrest due to local anaesthetic toxicity.
• Meningitis requiring antibiotics and other treatment.
• Death as a result of this procedure is very rare.

7. What are the safety issues when you leave hospital?

Take care not to injure or bump the area that has been numbed with the local anaesthetic as you will not be able to feel it.

Go to your nearest Emergency Department or GP if you become unwell or have;
• pain, unrelied by simple pain killers
• unresolved nausea or vomiting
• continuous bleeding or swelling at the puncture site
• redness or inflammation at the puncture site
• headache that last more than a few hours
• fever
• other warning signs the doctor may have asked you to be aware of.

Notes to talk to my doctor/ health practitioner about:

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