



Queensland Government

Endoscopic Procedure +/- Endoscopic Third Ventriculostomy

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F

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)

.....
.....

The following will be performed:

Endoscopic procedure

Endoscopic third ventriculostomy

The *endoscopic procedure* is a minimally invasive procedure which gives access to the deepest part of the brain using an instrument called an endoscope.

The procedure can be performed to:

- inspect the brain;
- biopsy/remove small tumours;
- drain/remove cysts and
- create bypass channels for circulation of cerebrospinal fluid (CSF).

Endoscopic third ventriculostomy is performed as an adjunct to the endoscopic procedure in order to create an opening into one of the fluid filled cavities of the brain called the third ventricle.

The procedure is performed to bypass any obstruction to the flow of cerebrospinal fluid.

C. Risks of an endoscopic procedure +/- endoscopic third ventriculostomy

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.
- Hormone dysfunction which can result in mood, sleep and appetite changes requiring treatment with hormones. 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.
- Epilepsy which may require medication. This condition may be temporary or permanent.
- Failure to adequately control the circulation of brain fluid. This may require further surgery.
- 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.
- A result sometimes can not be obtained from a biopsy. This may require further surgery

Rare risks and complications (less than 1%) include:

- Meningitis may occur requiring further treatment and antibiotics.
- Vision can be affected by the surgery. This may be temporary or permanent.
- Injury to the brain, important nerves or blood vessels. This can lead to stroke like complications.
- Fluid leakage from around the brain may occur through the wound after the operation. This may require further surgery.
- Death as a result of this procedure is very rare.

D. Significant risks and procedure options



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Sex: M F I

(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)

.....
.....
.....

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
- Endoscopic Procedure +/- Endoscopic Third Ventriculostomy
- 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)

DO NOT WRITE IN THIS BINDING MARGIN



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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

Endoscopic Procedure +/- Endoscopic Third Ventriculostomy

1. What is an endoscopic procedure +/- endoscopic third ventriculostomy?

- Endoscopic procedure
 Endoscopic third ventriculostomy

The *endoscopic procedure* is a minimally invasive procedure which gives access to the deepest part of the brain using an instrument called an endoscope.

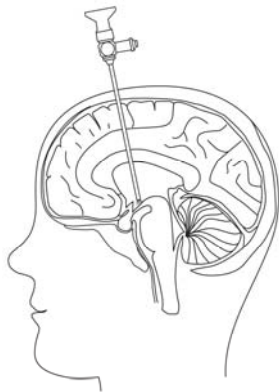
The procedure can be performed to:

- inspect the brain;
- biopsy/remove small tumours;
- drain/remove cysts and
- create bypass channels for circulation of cerebrospinal fluid (CSF).

A small cut is made in the scalp over the site of the underlying problem. A small hole is drilled into the skull beneath the cut and the firm covering of the brain is opened.

The endoscope is passed through the small hole into the brain. Sometimes, it is necessary to create a small pathway through the brain with the endoscope to reach the problem. Using this technique, access to parts of the brain can be achieved with relative ease.

When completed the endoscope is removed.



Endoscopic Procedure, Herston Multi Media Unit, RBWH, 2009

Endoscopic third ventriculostomy is performed as an adjunct to the endoscopic procedure in order to create an opening into one of the fluid filled cavities of the brain called the third ventricle.

The procedure is performed to bypass any obstruction to the flow of cerebrospinal fluid. To achieve this, the endoscope is passed into fluid filled cavities (ventricles) within the centre of the brain. The endoscope is navigated into the third ventricle and a small opening is made in the floor of the third ventricle.

This allows the excess cerebrospinal fluid to drain away from the brain, relieving any pressure.

A small plastic tube (drain) may be inserted. This will be removed within 24 to 48 hours.

The cut is closed with stitches or staples.

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 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.
- Hormone dysfunction which can result in mood, sleep and appetite changes requiring treatment with hormones. 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.
- Epilepsy which may require medication. This condition may be temporary or permanent.
- Failure to adequately control the circulation of brain fluid. This may require further surgery.
- 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.
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Rare risks and complications (less than 1%) include:

- Meningitis may occur requiring further treatment and antibiotics.
- Vision can be affected by the surgery. This may be temporary or permanent.
- Injury to the brain, important nerves or blood vessels. This can lead to stroke like complications.
- Fluid leakage from around the brain may occur through the wound after the operation. This may require further surgery.
- Death as a result of this procedure is very rare.