

#### **Burr Holes for Haematoma**

Facility:

	(Affix patient identification label here)		
URN:			
Family Name:			
Given Names:			
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)

A burr hole for haematoma is performed to remove a fresh blood or old blood clot from around the surface of the brain.

### C. Risks of this procedure

There are risks and complications with this procedure. They include but are not limited to the following.

#### Common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- Bleeding can occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- The blood clot may reform requiring further surgery.

#### Uncommon risks and complications include:

- Heart attack could occur 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.
- No improvement in the patient's condition because of the initial blood clot injury.

•	Continued decline in the patient's condition
	despite the burr hole surgery. This is due to the
	severity of the initial blood clot injury.

- Decrease in the normal body salt concentration.
   This may require admission to intensive care and 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 include:

- Epilepsy which may require medication. This condition may be temporary or permanent.
- Fluid leakage from around the brain may occur through the wound after the operation. This may require further surgery.
- Meningitis may occur requiring further treatment and antibiotics.
- Death as a result of this procedure is very rare.

(Doctor to document in space provided. Continue in

D.	Significant risks and procedure
	options

Medical Record if necessary.)				



Burr Holes for Haematoma	Address:	
Facility:	Date of Birth:	Sex: N

URN:

G.	Dati	ant	00	200	nt
G.	гаи	ent	CO	HSE	? I I L

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
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure 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
- 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 accordingly.
- a doctor other than the Specialist Neurosurgeon may conduct the procedure. I understand this could be a doctor undergoing further training.

#### I have been given the following Patient Information Sheet/s;

 $oldsymbol{ol}}}}}}}}}}$ 

#### □ Burr Holes for Haematoma

- 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 before the procedure, including after I have signed this form but, preferably following a discussion with my doctor.

On the basis of the above statements,

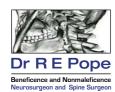
Family	Name:	
Given N	Names:	
Addres	s:	
Date o	f Birth:	Sex: M F
	I request to have Name of Patient/ Substitute decision maker and relationship:	the procedure
	Signature:	
	Date:	
	Substitute Decision-Make 1998 and/or the Guardiansi patient is an adult and unab	r: Under the Powers of Attorney Act nip and Administration Act 2000. If the le to give consent, an authorised onsent on the patient's behalf.
	H. Doctor's state	ement
	under the Patient Con the opinion that the pa maker has understood Name of	e patient all the above points sent section (G) and I am of atient/substitute decision-I the information.
	Date:	
	Name of Anaesthetist:	
	Designation:	
	Signature:	
	Date:	
[	I. Interpreter's	etatament
	-	
	I have given a sight tra	ansiation in
	form and assisted in the written information gives	guage here) of the consent ne provision of any verbal and en to the patient/parent or ecision-maker by the doctor.

(Affix patient identification label here)

Interpreter:

Signature:

Date:



# Consent Information - Patient Copy Burr Holes for Haematoma

#### 1. What is a Burr Holes for Haematoma?

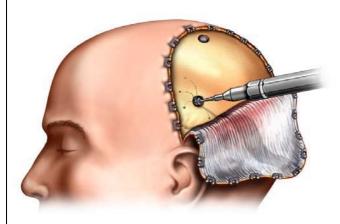
A burr hole for haematoma is performed to remove a fresh blood or old blood clot from around the surface of the brain.

The location of the blood clot is usually beneath the firm covering of the brain.

A small cut is made in the skin over the site of the blood clot. A small hole is drilled into the skull beneath the cut and the firm covering of the brain is opened. The fluid within the blood clot is allowed to drain. Any blood clot debris is washed away from the brain to ensure it is all removed.

A small plastic tube (drain) may be inserted to allow any residual fluid to be drained away. This is usually removed within 24 to 48 hours.

The cut is closed with stitches or staples.



Medical illustration Copyright © Nucleus Medical Art. All Rights Reserved.

#### 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, talk these over 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 include:

- Infection, requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- Bleeding can occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).

 The blood clot may reform, requiring further surgery.

#### **Uncommon risks and complications** 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.
- No improvement in the patient's condition because of the initial blood clot injury.
- Continued decline in the patient's condition despite the burr hole surgery. This is due to the severity of the initial blood clot injury.
- Decrease in the normal body salt concentration.
   This may require admission to intensive care and 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 include:

- Epilepsy which may require medication. This condition may be temporary or permanent.
- Fluid leakage from around the brain can occur through the wound after the operation. This may require further surgery.
- Meningitis may occur requiring further treatment and antibiotics.
- Death as a result of this procedure is very rare.

Notes to talk to my doctor about