



**Dr R E Pope**

Beneficence and Nonmaleficence  
Neurosurgeon and Spine Surgeon

## Insertion of Ventricular Shunt

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)*

.....

.....

- ☐ Peritoneal Shunt
- ☐ Pleural Shunt
- ☐ Atrial Shunt

This procedure is performed to relieve pressure inside the skull caused by fluid on the brain. This fluid is drained from the ventricles of the brain into the abdominal/pleural cavity or atrium of the heart by the means of a device called a shunt.

### 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, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).

**Uncommon risks and complications** include:

- The shunt may be inadequately placed. This may require further surgery to re-position the shunt.
- The shunt may become infected requiring antibiotics and removal.
- The shunt may block, become disconnected or malfunction. This may require further surgery.

- Abnormal sensations such as pins and needles, numbness or pain may occur from the wound after the operation. This may be temporary or permanent.
- Fluid leakage from around the brain may occur through the wound after the operation. 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.

#### Extra specific risks and complications of Pleural Shunt:

- Air in the lung (Pneumothorax), requiring further treatment.
- Collection of fluid within the lung (Pleural effusion). This would require further treatment.

#### Extra specific risks and complications of Atrial Shunt:

- Arrhythmias of the heart requiring further treatment.
- Infection of the heart (Infective Carditis) requiring further treatment.
- Kidney infection (Glomerular nephritis) requiring further treatment.

#### Rare 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.
- Epilepsy which may require medication. This condition may be temporary or permanent.
- Injury to the liver, bowel, lung or heart due to the surgical tunnelling process. This may require further surgery and an increase in hospital stay.
- 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.)*

.....

.....

Procedural consent form



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Address: .....

Date of Birth: .....

Sex: ☐ M ☐ F

### 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 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 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;

☐ About your Anaesthetic

☐ Insertion of Ventricular Shunt

- 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,

### I request to have the procedure

Name of Patient/

Substitute decision

maker and relationship: .....

Signature: .....

Date: .....

**Substitute Decision-Maker:** Under the *Powers of Attorney Act 1998* and/or the *Guardianship and Administration Act 2000*. If the patient is an adult and unable to give consent, an authorised decision-maker must give consent on the patient's behalf.

### H. Doctor's 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: .....

Designation: .....

Signature: .....

Date: .....

Name of

Anaesthetist: .....

Designation: .....

Signature: .....

Date: .....

### I. Interpreter's statement

I have given a sight translation in

.....

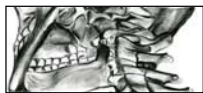
(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of

Interpreter: .....

Signature: .....

Date: .....



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# Consent Information - Patient Copy

## Insertion of Ventricular Shunt

### 1. What is an Insertion of Ventricular Shunt?

☐ Peritoneal Shunt

☐ Pleural Shunt

☐ Atrial Shunt

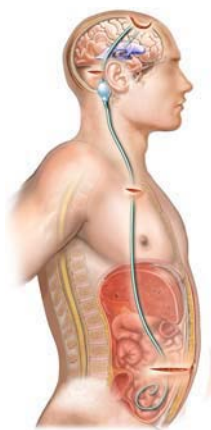
This procedure is performed to relieve pressure inside the skull caused by fluid on the brain. This fluid is drained from the ventricles of the brain into the abdominal/pleural cavity or atrium of the heart by the means of a device called a shunt. A shunt usually consists of two catheters and a one-way valve.

A small cut is made in the scalp and a small hole is drilled into the skull beneath the cut. A small tube (catheter) is placed into the brain to drain the fluid.

Another cut is made either in the abdomen or chest. A second catheter is tunneled under the skin, from behind the ear, down the neck and chest, and ends in a cavity.

The catheter from the abdomen and the catheter in the brain are then connected by a valve. This valve controls the flow of fluid from the brain.

The valve will be sutured under the skin to stop it from moving. The cuts will be closed with sutures.



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### 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, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).

**Uncommon risks and complications** include:

- The shunt may be inadequately placed. This may require further surgery to re-position the shunt.
- The shunt may become infected requiring antibiotics and removal.
- The shunt may block, become disconnected or malfunction. This may require further surgery.
- Abnormal sensations such as pins and needles, numbness or pain may occur from the wound after the operation. This may be temporary or permanent.
- Fluid leakage from around the brain may occur through the wound after the operation. 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.

#### **Extra specific risks and complications of Pleural Shunt:**

- Air in the lung (Pneumothorax), requiring further treatment.
- Collection of fluid within the lung (Pleural effusion). This would require further treatment.

#### **Extra specific risks and complications of Atrial Shunt:**

- Arrhythmias of the heart requiring further treatment.
- Infection of the heart (Infective Carditis) requiring further treatment.
- Kidney infection (Glomerular nephritis) requiring further treatment.

**Rare 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.
- Epilepsy which may require medication. This condition may be temporary or permanent.
- Injury to the liver, bowel, lung or heart due to the surgical tunnelling process. This may require further surgery and an increase in hospital stay.
- Death as a result of this procedure is very rare.