

Patient agreement to investigation or treatment

Posterior fossa decompression for chiari malformation

Authors: Department of Neurosurgery

Brief description:

- You have been recommended posterior fossa decompression which is to remove a small portion of the back of the skull to enlarge the space for the cerebellum (hind brain) and spinal cord.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure. We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke’s website: <http://www.addenbrookes.org.uk/consent>
- Guidance for health professionals can be found on the Addenbrooke’s intranet site <http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time even after you have signed the form.

For staff use:

Does the patient have any special requirements? (For example: requires an interpreter or other additional communication method)

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About posterior fossa decompression for chiari malformation

This operation involves removing a small portion of the skull and sometimes the posterior arch of bone from the first cervical vertebra. Sometimes we open the membrane which covers the spinal canal and remove parts of the cerebellar tonsils. This relieves the obstruction of the normal flow of the cerebro-spinal fluid between the head and the spine.

Before your operation

- You will be seen in our pre-admission clinic by the consultant neurosurgeon and his specialist registrar and the clinical nurse practitioner
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).
- If to your knowledge the answer to any of the following is **yes**, it is important that you tell us:
 - Have you ever received Human Growth Hormone;
 - Have you had brain surgery prior to 1992 or;
 - Has anyone in your family been diagnosed with CJD?

A positive answer will not prevent any treatment, it will however allow us to take Infection Control advice and plan your procedure so as to minimise any risks.

- This procedure involves the use of general anaesthesia. See below for further details about the types of anaesthesia/sedation we shall use. The anaesthetist will see you before the procedure to assess your general state of health and discuss the details of the anaesthetic with you.
- **Most people who have this type of procedure will be admitted on the day of surgery, occasionally people will be admitted the day before if we feel this is necessary. We will advise you when to stop eating and drinking, this is usually from midnight the day before the operation.**

During the operation

- An incision is made over the back of the head to the upper part of the neck to expose the back of the skull and the first cervical vertebra. We then remove a small portion of the back of the skull and sometimes the posterior bony arch of first cervical vertebra. We may need to open the membrane (the dura) which covers the spinal cord and brain and remove part of the cerebellar tonsil if it is obstructing the normal flow of the cerebro-spinal fluid (CSF). Once a good flow of CSF is noted, the wound is then carefully closed with stitches, closing the muscle, subcutaneous and skin layers.

After the operation

- You will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward.
- Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.
- **Eating and drinking:** After this procedure, you should not have anything to eat or drink until your medical team considers it to be safe.
- **Getting around and about:** After this procedure, we will get you mobile (up and about) as soon as we can to help prevent complications from lying in bed. Typically, you will be able to get up within the first few days. Some people experience further increase in their headaches and a feeling of dizziness in the first few days after the operation; this normally settles after the first week. If we think you will have problems getting about, we will arrange for extra assistance for example nursing help and physiotherapy advice and exercises.
- **When you can leave hospital:** Most people who have had this type of procedure under general anaesthetic will be able to leave hospital five to seven days after surgery. The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor's opinion.
- **When you can resume normal activities including work:** Most people who have had this procedure should gradually increase your activity towards normal levels. You might need to wait a little longer before resuming more vigorous activity. When you will be ready to return to work will depend on your usual health, how fast you recover and what type of work you do. Please ask your doctor for his/her opinion. You can resume driving when you feel comfortable; this is provided that you were considered safe to drive by a doctor before the operation.
- **Check-ups and results:** Your condition will be reviewed three months following the operation to make sure that progress is satisfactory.

Intended benefits of the procedure

- The aim of the operation is either to treat the cavity which has developed in your spinal cord (syrinx/syringomyelia) and/or to relieve your headaches which are a result of the build up of pressure within the brain/skull. If we noted a cavity in the spinal cord on your pre-operative imaging studies, the operation should reduce or at least prevent progression of this cavity. A cavity within the spinal cord can be associated with numbness or even weakness affecting the hands and arms and eventually the legs.

Who will perform my procedure?

This procedure will only be performed by a consultant neurosurgeon or neurosurgery specialist registrar operating under the supervision of a consultant.

Alternative procedures that are available

- The alternative to this surgery is to decide not to have surgery. You may then require life-long medications to control your headaches. You may also develop numbness and weakness in the upper and lower limbs.

Serious or frequently occurring risks

- At the time of surgery, there is a risk of damage to the spinal cord or nerve roots. This risk is less than 1% (one in 100). If it occurs, you might notice increased numbness in parts of your limbs and/or some weakness in movement.
- The risk of wound infection is less than 1%, but this can sometimes need prolonged treatment with antibiotics.
- There is a 5% (5 in 100) risk of leakage of fluid from the wound. If persistent, this might require further surgery to stitch up the wound.
- There are some small arteries which supply the areas of the cerebellum (hind brain) which may become injured during the operation. This can lead to transient dizziness and jerky movements of the eyes and problems with coordination of swallowing.
- There is a 5% risk of a stroke which may lead to permanent loss of sensation or power in the limbs, difficulty swallowing and poor balance.
- There is a 1% risk of death
- About 20% of patients (20 in 100) may not see any improvement to their headaches after surgery.
- There is a 5% risk of you needing a second operation (insertion of a ventricular-peritoneal shunt) which provides a permanent diversion for the flow of cerebral-spinal fluid.

General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had.

Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

Pre-medication is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets, injections or liquids (to children). They relax you and may send you to sleep. They are not always given. Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe. It is common practice nowadays to allow a parent into the anaesthetic room with children: as the child goes unconscious, the parent will usually be asked to leave.

During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

After your operation

After your operation your anaesthetist continues to monitor your condition carefully.

You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require. You will be given medication for any pain that you might feel, and systems, such as Patient Controlled Analgesia (PCA) may be set up to continue pain control on the ward.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. Once you are fully awake you will be returned to the ward, and if you are a day patient will be allowed to go to the waiting area to fully recover before you are accompanied home. Do not expect to feel completely normal immediately!

What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Very common and common side effects (1 in 10 or 1 in 100 people)
Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.
- Uncommon side effects and complications (1 in 1000 people)
Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).
- Rare or very rare complications (1 in 10,000 or 1 in 100,000)
Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

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Patient agreement to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

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Special requirements
 (For example, other language/other communication method)

Name of proposed procedure or course of treatment

Posterior fossa decompression for chiari malformation

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure: The aim of the operation is either to treat the cavity which has developed in your spinal cord (syrinx/syringomyelia) and/or to relieve your headaches which are a result of the build up of pressure within the brain/skull.
- Any serious or frequently occurring risks from the procedures including those specific to the patient: Damage to the spinal cord or nerve roots; increased numbness in parts of your limbs and/or some weakness in movement; wound infection; leakage of fluid from the wound. If persistent, this might require further surgery to stitch up the wound; there are some small arteries which supply the areas of the cerebellum (hind brain) which may become injured during the operation. This can lead to transient dizziness and jerky movements of the eyes and problems with coordination of swallowing; no improvement to headaches after surgery; stroke, needing a second operation, death.

- Any extra procedures that might become necessary during the procedure:

Blood transfusion Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: .Posterior fossa decompression for chiari malformation. Version/Date/Ref: 2/March 2011-2014/CF389

This procedure will involve:

- General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature:Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

- I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date:

Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will

Copy accepted by patient: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. **Yes** **No**

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature **Date:**

Name (PRINT): **Job Title:**