

# Patient agreement to investigation or treatment

## Lumbar infusion study

**Authors:** Miss Nicole Keong (Specialist Registrar/ Research Fellow), Sister Michelle Best (Clinical Nurse Practitioner), Professor John Pickard (Consultant Neurosurgeon)

**Brief description:**

- You have been recommended to have this investigation to assess the problems you are having with hydrocephalus (fluid pressure on the brain). The infusion study is performed to assess if you would benefit from a shunt operation (a tube to drain away fluid).
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). 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)

.....  
 .....

## About the infusion study

Cerebrospinal fluid (CSF) is produced in the fluid spaces in your brain. It then circulates through these spaces to the spinal canal and back up again to the brain in a loop. Fluid is then reabsorbed in the brain. This cycle normally takes place three times a day. Many things can affect this loop:

- There may be too much fluid produced.
- There could be a blockage in part of the loop.
- Even if the loop is working, it may be inefficient for some reason.

Your doctor will discuss this with you.

The first step of the test is a lumbar puncture. This involves inserting a needle into the fluid spaces in your spinal canal in the lower back. The infusion study involves the injection of saline fluid (which is made of water and salts) into this fluid space. This fluid column is connected to monitoring devices which allow us to make pressure measurements. In this way, we can tell how efficiently your CSF loop is working.

This test is done under local anaesthesia. The test takes about half an hour to forty-five minutes. You will then have to rest by lying down on a bed for four to six hours. You will be asked to drink to replenish any fluids you have lost during the test. You will usually be able to go home on the same day.

## Before your procedure

- When you are seen in the outpatient clinic, we may offer this test to you if it is appropriate. You will then have a separate appointment to come in for the test. This test is done as a 'day admission', meaning you can go home on the same day.
- 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). Please bring your tablets and continue to take them when you are in hospital for the day. However, **if you are on warfarin, you will be asked to stop this seven days before the test.**  
**Colpidogrel or Asprin: you will be asked to stop both of these drugs ten days before the date of the procedure.**

## During the procedure itself

- Your doctor will explain what is happening. You will also meet a member of our specialist infusion study team, including Dr Zofia Czosnyka, who will be performing the measurements.
- The procedure is done under local anaesthetic.
- You will need to lie on your side, with your legs curled up to your chest. We will help you position yourself into a comfortable position.
- During the procedure, you will be able to talk to us and find out what is happening.

---

## After the procedure

- You will need to lie down for four to six hours.
- You will need to drink plenty of fluids to replenish the fluids you lost in the procedure.
- **When you can leave hospital:** You will be able to go home on the same day. If you feel quite unwell, you may have to stay overnight.
- **When you can resume normal activities including work:** You will be able to resume your normal activities the next day.
- **Special measures you need to take after the procedure:** You will need to drink plenty of fluids over the next 24 hours to prevent problems due to the fluid loss. You will also be given information about things to watch out for that might be early signs of problems (for example, infection).
- **Check-ups and results:** When the test results have been analysed, you will be given an appointment to see your neurosurgeon in the outpatient clinic to discuss the results.

## Intended benefits of the procedure

- To assess if you have hydrocephalus (fluid pressure on the brain), which can be improved with a shunt operation.

## Who will perform my procedure?

- This procedure will be performed by a doctor or specialist nurse practitioner as well as a member of the infusion study team.

## Alternative procedures that are available

- Some patients are not able to have a lumbar puncture test. Another way of doing an infusion study test is to insert a tube into the fluid spaces in the brain. This is connected to a reservoir through which the infusion study is done in the usual way. This type of infusion study test is done under general anaesthesia. Only certain patients will need this type of test. Please discuss this with your doctor.
- Some patients have a type of hydrocephalus which is not life-threatening. They may have symptoms of walking or balance problems, incontinence or memory problems. In this situation, a shunt operation may help. If you have this condition but do not wish to proceed to have surgery, there is no need for you to have any type of infusion study at all. Please discuss this with your doctor.

## Serious or frequently occurring risks

- **Nerve damage** – it is rare to cause nerve damage by doing a lumbar puncture in the lower spine. At this level, the nerve rootlets float freely in a sac of fluid. However, if you know that you have a spinal abnormality, please let us know about this.
- **Bleeding** – sometimes the lumbar puncture may cause bleeding from veins in the spinal canal. This rarely causes a severe problem unless you are on blood-thinning medication, such as warfarin. Please advise us of this and stop your medication seven days before the test to be safe.

- **Infection** – an infection can occur related to any puncture of the skin.
- **Discomfort** – sometimes a lumbar puncture can be uncomfortable. This is alleviated by giving local anaesthesia. You will also be able to talk to us during the procedure.
- **Headaches** – we drain fluid as part of the test and encourage you to drink fluids to replenish this loss afterwards. However, you may experience a headache due to loss of fluid. This usually improves over the next day or so as your body produces more fluid.
- **Inconclusive test results** – sometimes even if the test goes smoothly, the results may be inconclusive. We will discuss the implications of the test with you at your next clinic appointment.

### **Information and support**

You might be given some additional patient information before or after the procedure, for example, leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff including Sister Michelle Best, Specialist Nurse Practitioner via Addenbrooke's switchboard 01223 245151 and ask for bleep 152 423.

### **Local Anaesthesia**

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut. Usually a local anaesthetic will be given by the doctor doing the operation.



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagidaki adrese e-posta gönderin: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk) ঠিকানায় ই-মেইল করুন।

#### Bengali

##### Document History

Authors	Nicole Keong
Department	Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ <a href="http://www.addenbrookes.org.uk">www.addenbrookes.org.uk</a>
Contact number	01223 245151
Published	January 2009
Review date	January 2011
File name	Lumbar_infusion_study.doc
Version number	1
Ref	CF394

Consent form 1

# Patient agreement to investigation or treatment

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

Responsible health professional/job title

.....

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

**Name of proposed procedure or course of treatment**

**Lumbar infusion study** **Side (left/right).....**

**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: To assess if you have hydrocephalus (fluid pressure on the brain) which can be improved with a shunt operation.
- Any serious or frequently occurring risks from the procedures including those specific to the patient: Nerve damage, bleeding, infection, discomfort, headaches, inconclusive test results. Other (please specify): .....
- 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: lumbar infusion study, Version/Date/Ref: CF394, version 1, January 2009

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)

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

**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.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**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: .....