

CONSENT FOR CRANIOTOMY FOR INTRINSIC TUMOUR (eg Glioma)

I have discussed the operative procedure of excision of craniotomy for metastasis with the patient. I have explained that this is a major operative procedure with its intended benefits in relation to tumour removal and preventing future progressive neurological deterioration

I have also discussed the risk of potential complications, in particular :

Incomplete tumour excision, which might necessitate further treatment e.g Stereotactic radiosurgery, re - operation

Tumour recurrence.

Intraoperative / postoperative intracranial haemorrhage and / or cerebral ischaemia / swelling may cause potential life threatening complications or a significant permanent functional neurological disability. eg Gait ataxia, poor limb co – ordination, hemiplegia

Difficulty in intra – operative identification of tumour even with stereotactic / neuronavigation.

Failure to obtain a tissue diagnosis

Infection : wound, meningitis, abscess, empyema, bone flap,CSF fistula

Epilepsy – focal or tonic/clonic seizures

Postoperative transient symptoms of headache, nausea and dizziness are very common, but are self limiting with resolution usually within weeks of the surgical procedure.

Some of these complications may necessitate further surgery.

General complications following any major surgical procedure : Chest infection / Pneumonia, DVT / Pulmonary embolus

Signature
Consenting Neurosurgeon

Signature
Consenting Patient

Please print name

Please print name

Date: