

CONSENT FOR EXTENDED ENDONASAL ENDOSCOPIC TRANSPHENOIDAL SURGERY FOR SKULL BASE TUMOUR

I have discussed the procedure of an endoscopic endonasal approach with the patient. I have explained the operative procedure with its intended benefits of tumour removal, to provide a histological diagnosis, and if the tumour is functional pituitary adenoma to cure the endocrine abnormality and thereby reduce the risk of the long term clinical consequences of raised GH, ACTH, and Prolactin, chiasmal decompression to allow visual field improvement and prevent deterioration.

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

Persistence / Recurrence of tumour – this may necessitate further treatment with repeat surgery, possibly as a staged procedure. Post operative radiotherapy may also be considered.

Failure to cure the endocrine abnormality of a functioning tumour

Persistence of a visual field defect

Hypopituitarism which may require long term hormone replacement therapy

CSF leak requiring a fat graft / Lumbar drain / LP shunt / VP shunt

Pneumocephalus : External ventricular drain

Polyuria due to diabetes insipidus.

Rare complications that have also been discussed :

Meningitis

Postoperative haematoma with acute chiasmal compression which could cause blindness.

Cortical contusion / swelling

Vascular injury : e.g Internal Carotid artery injury – Haemorrhage, CVA, venous infarct , Pseudoaneurysm formation.

These complications may be potentially life threatening or result in either a temporary or permanent neurological deficit.

Signature
Consenting Neurosurgeon

Signature
Consenting Patient

Please print name

Please print name

Date :