Dr R E Pope

Beneficence and Nonmaleficence
Neurosurgeon and Spine Surgeon

Percutaneous Decompression for Trigeminal Neuralgia

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)*

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This procedure is performed to numb the Trigeminal Nerve by either using heat generated by an electric current or by an injection of Glycerol.

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, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Recurrence or failure to adequately relieve the facial pain. This may require further treatment.
- Cranial nerve damage. This may result in numbness of the face or eye. This may be temporary or permanent.

Uncommon risks and complications include:

- 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.

- Weakness of the chewing muscles on the effected side of your face. This is usually temporary.
- Heart attack due to the strain on the heart.
- Numb cornea (eye) may require temporary or permanent closure of the eyelid.
- 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.

Rare risks and complications include:

- Severe facial burning pain that is unresponsive to treatment, which is permanent.
- Meningitis may occur requiring further treatment and antibiotics.
- Severe drop in heart rate requiring resuscitation.
- 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.)

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E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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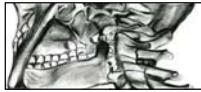
F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

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Procedural consent form

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: .... Sex: ☐ M ☐ F

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**
- ☐ **Trigeminal Neuralgia**
- 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: ....

1. What is a Percutaneous Decompression for Trigeminal Neuralgia?

Trigeminal Neuralgia is a disorder of the trigeminal nerve which causes episodes of intense pain in the face.

A fine needle is passed into the skin of the cheek on the side of your face where the pain is. Using x-ray or a surgical navigation computer, the needle is then passed through the check, next to the mouth, and guided through the opening in the base of the skull to where all three branches of the trigeminal nerve come together.

The Trigeminal Nerve is then numbed by either using heat generated by an electric current or by an injection of Glycerol.

Zygomaticotemporal nerve

Maxillary nerve

Trigeminal nerve

Zygomaticofacial nerve

Infraorbital nerve

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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, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
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- Weakness of the chewing muscles on the effected side of your face. This is usually temporary.
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- Meningitis may occur requiring further treatment and antibiotics.
- Severe drop in heart rate requiring resuscitation.
- Death as a result of this procedure is very rare.

Notes to talk to my doctor about

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