

Dr R E Pope

Beneficence and Nonmaleficence
Neurosurgeon and Spine Surgeon

Transsphenoidal Removal for Pituitary Tumour

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)

This procedure is performed to remove a pituitary tumour from the pituitary gland. The tumour is reached by working through the nose.

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, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Pituitary dysfunction requiring further medical treatment. This may be temporary or permanent.
- Fluid leakage from around the brain may occur after the operation. This may require further surgery.
- All of the tumour may not be removed at surgery. This may require further treatment.

Uncommon risks and complications include:

- Heart attack due to the strain on the heart.
- 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.

- Visual damage, this could include double vision, a droopy eye/s or blindness. This may be present prior to surgery and may not improve or may even get worse following surgery. It may be temporary or permanent.
- Meningitis may occur requiring further treatment and antibiotics.
- 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:

- Major bleeding through the nose. This may require further surgery.
- Death as a result of this procedure is very rare.

D. Significant risks and treatment options

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

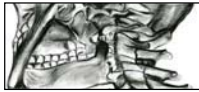
E. Risks of not having this procedure

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

F. Anaesthetic

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

Procedural consent form



Dr R E Pope

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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**
- ☐ **Transsphenoidal Removal for Pituitary Tumour**
- 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:



Consent Information - Patient Copy

Transsphenoidal Removal for Pituitary Tumour

1. What is a Transsphenoidal Removal for Pituitary Tumour?

This procedure is performed to remove a pituitary tumour from the pituitary gland. The tumour is reached by working through the nose.

To accurately localise your tumour a computerised guidance system and a microscope or endoscope is used to assist with the surgery.

By working through the nostrils, a hole is made at the back of the nose into the sphenoid sinus, through a layer of bone between the sphenoid sinus and the pituitary gland to gain access to the tumour. As much tumour will be removed as is safe to do so.

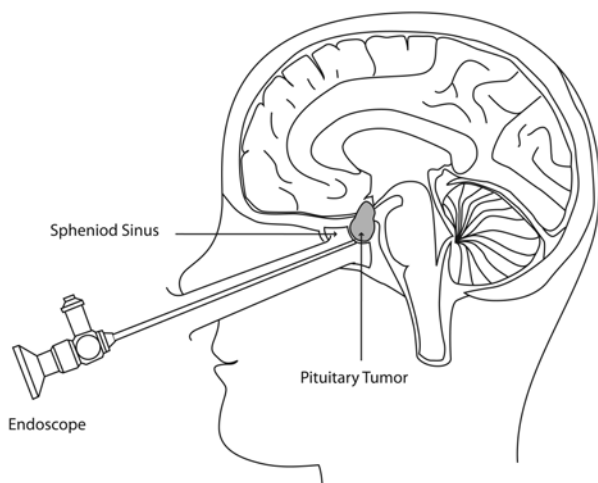
At the end of the procedure, to help fill the hole from where the tumour was removed, it may be necessary to fill the hole with small pieces of fat and other tissue which are harvested through a small cut in your thigh.

Tissue glue may be used to secure the tissue fat and other tissue in place. This helps to prevent leakage of brain (cerebrospinal) fluid.

The cut in your thigh will be closed with sutures and the nose may be packed with a spongy material.

After the procedure, you will be able to carefully wipe your nose but *not* blow it as air may be pushed into the brain. You will *not* be able to blow your nose for 6 weeks after the procedure.

Regular MRI's and blood tests will be required after surgery to confirm your tumour is as well controlled as possible.



Transsphenoidal, Herston Multi Media Unit, RBWH, 2009

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.
- Pituitary dysfunction requiring further medical treatment. This may be temporary or permanent.
- 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, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
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- Visual damage, this could include double vision, a droopy eye/s or blindness. This may be present prior to surgery and may not improve or may even get worse following surgery. It may be temporary or permanent.
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Notes to talk to my doctor about

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