



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent: Ventriculoperitoneal Shunt Placement

This information is given to you so that you can make an informed decision about having surgery for **ventriculoperitoneal shunt**.

Reason and Purpose of this Procedure:

Ventriculoperitoneal shunt (VP) or ventriculoplural shunt is surgery that is done to relieve pressure inside the skull (intracranial pressure). This pressure is caused by too much cerebrospinal fluid (CSF) on the brain (hydrocephalus). The shunt will drain the extra spinal fluid out of the ventricles. This will decrease the pressure on the brain. The fluid is drawn off (shunted) from the ventricles in the brain into the abdominal (peritoneal) cavity. In rare cases the fluid is shunted into the pleural space in the chest (the thin covering of the lungs).

Benefits of this Procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

The success of shunt treatment is not the same for everyone. Some people recover almost completely after treatment and have a good quality of life. Early diagnosis and treatment improves the chance of a good recovery. The benefits may include:

- Fewer headaches
- Less nausea and vomiting
- Better bladder control
- Better stability in walking
- Less dizziness
- Less seizure activity
- Better thinking and memory
- Improved vision
- Improved alertness

General Risks of Procedures:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotics and breathing treatments.
- Clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thromboses. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- A strain on the heart or a stroke.
- Bleeding. If excessive, you may need a blood transfusion.
- Reaction to the anesthetic. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you.

Risks of this Procedure:

- **Abdominal Organ Injury.** Rarely the organs in the abdomen can be injured during placement of the tubing. This may require additional surgery.
- **Hemorrhage.** Some bleeding in the brain following surgery is common and expected. If there is too much

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bleeding it may require additional surgery

- **Increased pain.** Pain or other symptoms may get worse after the procedure.
- **Infection.** Infection may occur in the wound, near the surface or deep in the tissues. This may include the brain and abdomen. Infection may also occur within the shunt tubing or valve mechanism. Overall, the risk of shunt infection is between 6 – 10 %. You may need antibiotics or further treatment.
- **Malposition of shunt.** Occasionally the tubing position needs to be changed.
- **Seizures.** Any surgery on the brain can cause seizures.
- **Shunt failure or malfunction.** The shunt components are very durable. There is a chance the parts of the shunt may become broken, clogged, disconnected or move within the body. No shunt lasts forever. It is common to have the shunt revised several times during childhood and into adulthood. The risk of malfunction is higher in patients that are extremely young (infants) or extremely low weight (premature babies) when the shunt was placed.
- **Valve setting changes.** If your neurosurgeon places a programmable valve, it may be affected by contact with high-powered magnets (like those in an MRI machine). If you come into contact with a high-powered magnet, you may need to have your shunt re-programmed.

Risks Associated with Smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Associated with Obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Associated with Diabetes or Immune System Compromise:

The risk of infection, slow wound healing and slow bone healing are increased in:

- Diabetes
- Chemotherapy or radiation therapy
- AIDS
- Steroid Use

Risks Specific to You:

Alternative Treatments:

Other choices:

- Not having the surgery
- Physical therapy may be an option for a patient diagnosed with NPH (Normal Pressure Hydrocephalus)

If you Choose not to have this Treatment:

- You may be able choose the alternative treatments as listed above.
- Hydrocephalus can cause permanent brain injury, convulsions, and mental disabilities if left untreated.

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General Information

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure, the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

Implants or Explants:

I agree to release my social security number, my name and address, and my date of birth to the company that makes the medical device that is put in or removed during this procedure. Federal laws and rules require this. The company will use this information to locate me.

Humanitarian Device:

My insurance company may not pay for this device or procedure. I know I am responsible for charges not covered by my insurance.

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By signing this form, I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: **Ventriculoperitoneal shunt** Ventriculopleural shunt _____

Location: _____

- I understand that my doctor may ask a partner to do the procedure.
- I understand that other doctors, including medical residents or other staff may help with procedure. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to procedure. If so, please obtain consent for blood/products.

Patient Signature: _____ Date: _____ Time: _____

Relationship: **Patient** **Closest relative (relationship)** _____ **Guardian/POA Healthcare**

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back:

Patient shows understanding by stating in his or her own words:

_____ Reason(s) for the treatment/procedure: _____

_____ Area(s) of the body that will be affected: _____

_____ Benefit(s) of the procedure: _____

_____ Risk(s) of the procedure: _____

_____ Alternative(s) to the procedure: _____

OR

_____ Patient elects not to proceed: _____ Date: _____ Time: _____

(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____