



Affix Patient Label

Patient Name: _____ Date of Birth: _____

This information is given to you so that you can make an informed decision about having surgery for placement of a ventriculoperitoneal or subdural peritoneal shunt.

Reason and Purpose of the Procedure:

Ventriculoperitoneal shunt (VP) or Subdural peritoneal 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 Surgery:

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

Risks of Surgery:

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.

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General Risks of Surgery:

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- 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 thrombosis. 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 Surgery:

- **Abdominal Organ Injury.** Rarely the organs in the abdomen can be injured during placement of the tubing. This may require additional surgery.
- **Hemorrhage.** Bleeding in the brain rarely occurs and may require further 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

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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.

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 or Subdural Peritoneal Shunt Placement.**

Location: _____

- I understand that other doctors, including medical residents, or other staff may help with surgery. 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 surgery. If so, please obtain consent for blood/products

Patient Signature _____ Date _____ Time _____

Relationship Patient Closest relative (relationship) Guardian

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

_____ Date _____ Time _____

Interpreter (if applicable)

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's 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 _____ (patient signature)

Validated/Witness: _____ Date: _____

Time: _____