BRONSON

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 to close your child's myelomeningocele.

Reason and Purpose of the Procedure:

A myelomeningocele is a type of neural tube defect. The spinal cord, bone, muscle and skin do not form properly at the level of the defect. As a result, the spinal cord and nerves are exposed. Movement and feeling are most likely damaged below this level. Closing this opening reduces the risk of infection.
The surgery will not restore movement or feeling.

Benefits of this Surgery:

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

- Reduce the risk of infection
- Reduce the risk of death from infection

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 child's doctor cannot expect.

General Risks of Surgery:

- 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 may occur.
- Bleeding may occur. If there is too much bleeding, your child may need a transfusion.
- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The Anesthesiologist will discuss this with you.

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Risks of this Surgery:

- Infection. Infection may occur in the wound, near the surface or deep in the tissues. This may include the spinal cord and the spinal fluid. Your child may need antibiotics or more treatment.
- Spinal cord and nerve damage. The surgery may damage the exposed spinal cord and nerves. It may make the problems with movement and feeling worse.
- Spinal fluid leak. This may need surgery to repair.
- Wound breakdown. The skin used to close the wound may not heal properly.
- Your child may still develop other complications related to neural tube defects such as hydrocephalus (extra fluid on the brain) and seizures. About 85% of patients develop hydrocephalus.

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 Specific to You:

_____

_____

_____

_____

Alternative Treatments:

Other choices:

- Do nothing. You may decide not to have the procedure for your child.

If you choose not to have this treatment for your child:

- Your child may develop an infection of the central nervous system. This may result in death.

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

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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 my child to have this procedure: **Closure of myelomeningocele.**
- I understand that other doctors, including medical residents, or other staff may help with the injection. The tasks will be based on their skill level. My child's 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

Parent/Guardian Signature_____Date_____Time_____

Relationship ☐Patient ☐Closest relative (relationship) ☐Parent ☐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/Parent/Guardian 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/Parent/Guardian elects not to proceed _____ (patient/parent/guardian signature)

Validated/Witness:_____ Date:_____

Time:_____