BRONSON

Affix Patient Label

Patient Name: _____ Date of Birth:_____

This information is given to you so that you can make an informed decision about your child having surgery for **placement of a ventriculoperitoneal, ventriculopleural, or ventriculoatrial shunt.**

Reason and Purpose of the Procedure:

A ventriculoperitoneal, ventriculopleural, or ventriculoatrial shunt is surgery to relieve pressure inside the skull. The 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, lining of the lungs (pleura), or upper chamber of the heart (atrium).

Benefits of this Surgery:

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

- Prevent death from hydrocephalus
- Reduce the risk of brain damage caused by hydrocephalus

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 bleeding is excessive, you 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:

- Abdominal organ injury. Rarely, the organs in the abdomen are injured during placement of the tube. This may need more surgery.
- Hemorrhage. Bleeding in the brain rarely occurs. This may need more surgery.
- Increased pain. Pain or other symptoms may get worse after the surgery.
- Infection. Infection may occur in the wound, near the surface or deep in the tissues. This may include the brain, abdomen, lungs, or heart. Infection may also occur within the shunt tubing or valve mechanism. The risk of shunt infection is between 6-10%. Your child may need antibiotics or more treatment.
- Injury to the heart and surrounding vessels. Placement of the tube in the atrium may damage the muscle or large vessels entering the heart.
- Lung injury. Placement of the tube in the lining of the lungs (pleura) may cause the lung to collapse (pneumothorax). This may need more surgery.
- Malposition of the shunt. Occasionally the tube 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 that 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 who are very young (infants) or very low weight (premature babies) when the shunt was placed.
- Valve setting changes. If your child's surgeon places a programmable valve, it may be affected by contact with very high-powered magnets (like those in an MRI machine). If your child comes into contact with a very high-powered magnet, your child may need to have their 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 Specific to You:

_____

_____

_____

_____

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Alternative Treatments:

Other choices:

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

If you choose not to have this treatment:

- **Hydrocephalus can cause permanent brain injury, seizures and mental disabilities. It can cause death if it is not treated.**

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 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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Name:_____Date of Birth:_____

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:
  - ☐ **Ventriculoperitoneal shunt**
  - ☐ **Ventriculopleural shunt**
  - ☐ **Ventriculoatrial shunt**

  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 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

Patient/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:_____