

Coastal NeuroSurgery^{P.A.}

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CRANIOTOMY FOR TUMOR CONSENT FORM

Name:

You have been scheduled for a craniotomy to remove as much as possible of a brain tumor. Your surgery is scheduled for _____. The surgery involves clipping the hair on your head over the involved area and making an incision in your scalp and removing the bone over the area of the tumor and removing as much of the tumor that can safely be removed. Once the tumor is removed, the bone will be replaced if possible or replaced with a plastic substitute and the scalp will be closed with sutures and staples. If narcotic pain medications are necessary I will prescribe them only in the immediate pre-operative treatment time leading up to the surgery and in the immediate post-operative recovery period but I will not continue them for more than 3 months following the surgery.

As with any surgery, there are risks that may occur during the surgery and in the postoperative period, including but not limited to:

1. Blood loss and the need for transfusion: If you would like, you may donate your own blood to the Red Cross prior to your surgery. If you require a transfusion and did not donate any blood, the donated blood is carefully screened for AIDS (HIV) and hepatitis, but there are risks of you developing such infections from a transfusion.
2. Infection: There is a risk for infection. Antibiotics will be given to you right before the surgery and for at least 24 hours postoperatively in order to minimize the risks for infection.
3. Brain injury or stroke which may result in paralysis, visual loss, speech loss or other neurologic deficits depending upon the location of the tumor.
4. Lack of benefit of surgery with persistent or worsening of symptoms.
5. Formation of a blood clot in the brain in the postoperative period, which may require re-operation.
6. Recurrence of the tumor, which may require more surgery.
7. Need for further treatment including radiation or chemotherapy depending on the type of tumor and the ability to remove the tumor completely.
8. Leakage of the cerebrospinal fluid from the incision, which may require placement of a spinal drainage catheter or re-operation to repair the leak.
9. Pressure sores or nerve injuries that may occur from positioning on the OR table even though every effort is made to pad these areas. This may be temporary or permanent.
10. Deep venous thrombosis (blood clot in legs), pulmonary embolism.
11. Risks of anesthesia: Adverse reaction to anesthesia given or any medication given during the surgery.
12. Cosmetic deformities of the scalp including scar tissue formation and depressions in the skull in areas where bone was removed.
13. Heart attack, stroke coma and death.

I acknowledge that I have read the above consent form and all options and alternative treatments were discussed with me by Dr. Hartwell. In addition, all of the above risks were discussed with me in detail, in laymen's terms, by Dr. Hartwell and I understand all the above risks and possible complications and wish to proceed with surgery.

1. For one week prior to the surgery: no Aspirin, Plavix, clopidogrel, Coumadin, warfarin, Fish Oil, Flax seeds, nutrient supplement pills, Vitamin E, Co-Q-10, Lovaza or anti-inflammatory medications such as Advil, Motrin, Aleve, Ibuprofen or Naprosyn one week prior to surgery.
2. No medicines for erectile dysfunction (ED medicines) 48 hours prior to surgery.
3. Nothing to eat or drink after 12:01 a.m. _____.
4. Take the following medicines on the day of surgery with a small sip of water.

Signed: _____

Date: _____