

Coastal NeuroSurgery P.A.

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LUMBAR PUNCTURE DRAINAGE CONSENT FORM

Patient:

You have been scheduled for a Lumbar Puncture Drainage, also called a Spinal Tap as part of your evaluation for Normal Pressure Hydrocephalus. Your procedure is scheduled for _____. The procedure involves placing you on your side on a bed or sitting up on a stretcher. A small amount of local anesthetic (Lidocaine) will be injected under the skin in your lower back to anesthetize the area. A needle will then be slowly introduced between the bones of your lower spine into the spinal sac containing the spinal fluid. More than one attempt may be necessary due to possible arthritis in your spine. The needle is left in place for 5 minutes or more to allow the fluid to drain. After that the needle is removed and you are asked to walk to see if you notice any benefit.

As with any procedure, there are risks that may occur that include but are not limited to:

1. 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.
2. Headache, which typically resolves when lying down but if continues may require a "blood patch" where your own blood removed from a vein in your arm and is injected into the area of the spinal tap.
3. Injury to the nerves in the spinal canal or injury to the spinal cord resulting in paralysis or loss of bowel, bladder and sexual function.
4. Risks of anesthesia: Adverse reaction to the anesthesia or any medications given during the procedure. Any pressure injury to nerves or soft tissues due to positioning on the procedure table.

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. No aspirin, Plavix, Coumadin or anti-inflammatory medication for 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. on _____.
4. Take the following medicines on the day of surgery with a small sip of water:

Signed: _____

Date: _____