

Coastal NeuroSurgery^{P.A.}

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VENTRICULOPERITONEAL SHUNT CONSENT FORM

Name:

You have been scheduled for a VP shunt. Your surgery is scheduled for _____. The surgery involves placing a catheter into the chambers of the brain that produce cerebrospinal fluid and diverting the fluid into the abdomen where the fluid will be absorbed. The surgery involves clipping the hair of your head over the region where the shunt will be inserted and making an incision in your scalp and drilling a hole in the skull and opening the covering over the brain and inserting the shunt tube into the ventricle of the brain. An incision in your abdomen will be made in order to place the end of the tube into the peritoneal cavity. Once the shunt is in the brain, the remainder of the shunt is tunneled under the skin and out through the abdominal incision where the catheter is placed into your peritoneal cavity. Once the shunt is in place the incisions 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: This type of surgery typically has very little blood loss and it is unlikely that you will require a transfusion. If you require a transfusion the donated blood is carefully screened for AIDS (HIV) and hepatitis, but there are risks of you developing such infections from a transfusion. If you would like, you may donate your own blood to the Red Cross prior to your surgery.
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 bleeding or stroke which may result in permanent neurologic deficits. There is also a possibility of developing seizures, which will require medical treatment.
4. Injury to the bowels or other organs in the abdomen which could be life-threatening.
5. Lack of benefit of surgery with persistent or worsening of symptoms.
6. Formation of subdural hematomas (blood on surface of the brain) if there is too much drainage of fluid necessitating drainage of the hematoma and typing off the shunt.
7. Blockage of the shunt necessitating re-operation and shunt revision.
8. 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.
9. Deep venous thrombosis (blood clot in legs), pulmonary embolism.
10. Risks of anesthesia: Adverse reaction to anesthesia given or any medications given during the surgery.
11. Cosmetic deformities of the scalp including the bubble of the shunt mechanism or scar tissue formation and depressions in the skull in the areas where bone was removed.

12. Heart attack, stroke, coma and death.

I acknowledge that I have read the above consent form and all options and alternative treatments were discussed to 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. on _____.
4. Take the following medicines on the day of surgery with a small sip of water:

Name: _____

Date: _____