Queensland Government

Deep Brain Stimulation

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐

A. Interpreter / cultural needs

An Interpreter Service is required? ☐ Yes ☐ No

If *Yes*, is a qualified Interpreter present? ☐ Yes ☐ No

A Cultural Support Person is required? ☐ Yes ☐ No

If *Yes*, is a Cultural Support Person present? ☐ Yes ☐ No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....

.....

This condition requires the following procedure. *(Doctor to document - include site and/or side where relevant to the procedure)*

.....

Deep brain stimulation is a surgical procedure used to treat a variety of disabling movement disorders. A device that stimulates the brain is used to target one of several areas in the brain that are part of the movement disorder pathway.

C. Risks of a deep brain stimulation

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%) include:

- Headaches usually improve with time.
- Infection requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require antibiotics.
- The operation may not be successful or be only partially successful. This may require further treatment.
- The effects of the stimulation may wear off with time despite changes in programming as the disease progresses

Uncommon risks and complications (1-5%) include:

- Bleeding is more common if you have been taking blood thinning drugs such as anticoagulants (eg warfarin, dabigatran, rivaroxaban), antiplatelets (eg aspirin, clopidogrel, dipyridamole) or supplements like fish oil.
- Heart attack due to the strain on the heart.
- Stroke or stroke like complications may occur causing neurological deficits such as weakness in the face, arms and legs. This could be temporary or permanent.
- Visual disturbance which may be temporary or permanent.
- Memory difficulties which may be temporary or permanent.
- Psychological and or memory disturbance can occur. This may be temporary or permanent.
- Speech disturbance which may be temporary or permanent.
- The wires may become infected and need to be removed. This may require repeated surgery in the future when the infection has been cured.
- Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

Rare risks and complications (less than 1%) include:

- The lead, wires or battery may move or try to come through the skin. This may require further surgery.
- The implanted device may malfunction requiring further surgery.
- Epilepsy which may require medication. This condition may be temporary or permanent.
- Fluid leakage from around the brain may occur through the wound after the operation. This may require further surgery.
- Injury to the brain, important nerves or blood vessels. This can lead to stroke like complications.
- Death as a result of this procedure is very rare.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

.....

.....

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

.....

.....

F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

.....

DO NOT WRITE IN THIS BINDING MARGIN

PROCEDURAL CONSENT FORM

v2.00 – 10/2013
SW9056

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Queensland Government

Deep Brain Stimulation

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- ☐ **About Your Anaesthetic**
- ☐ **Deep Brain Stimulation**
- ☐ **Blood & Blood Products Transfusion**

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

I request to have the procedure

Name of Patient: .....

Signature: .....

Date: .....

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

☐ Yes ► Location of the original or certified copy of the AHD: .....

☐ No ► Name of Substitute Decision Maker/s: .....

Signature: .....

Relationship to patient: .....

Date: ..... PH No: .....

Source of decision making authority (tick one):

- ☐ Tribunal-appointed Guardian
- ☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
- ☐ Statutory Health Attorney
- ☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: .....

Designation: .....

Signature: .....

Date: .....

I. Interpreter's statement

I have given a sight translation in

.....

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: .....

Signature: .....

Date: .....

DO NOT WRITE IN THIS BINDING MARGIN

02/2011 – v2.00

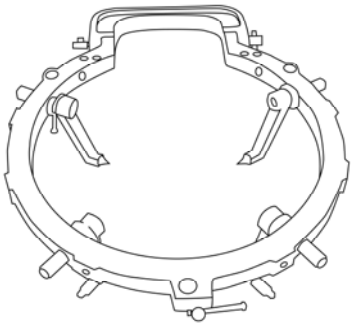
Queensland Government

Consent Information - Patient Copy
Deep Brain Stimulation

1. What is deep brain stimulation?

Deep brain stimulation is a surgical procedure used to treat a variety of disabling movement disorders. A device that stimulates the brain is used to target one of several areas in the brain that are part of the movement disorder pathway.

Before surgery a special frame is attached to your head in the radiology department. This will stay on for the procedure and will be removed once the procedure is completed.



Frame

CRW Frame, Herston Multi Media Unit, RBWH, 2009

The procedure involves placement of special wires in specific regions of the brain.

A small cut is made in the scalp and a hole will be drilled into the skull. Once this is completed you will be woken up from the Anaesthetic. A probe is then inserted into the brain to monitor the electrical activity.

When the probe placement is satisfactory, a lead will be placed into the brain. Through the lead, the brain will be stimulated and assessed for a good response to the stimulus. When a good response is obtained a permanent lead is placed in the brain.

Sometimes the procedure is done in 2 stages. This depends on your reaction to the progress of the procedure and the anaesthetic.

If the complete procedure is done on the same day the lead will be tunnelled under your skin from your head to your chest. The lead is then connected to a battery which is placed underneath your skin.

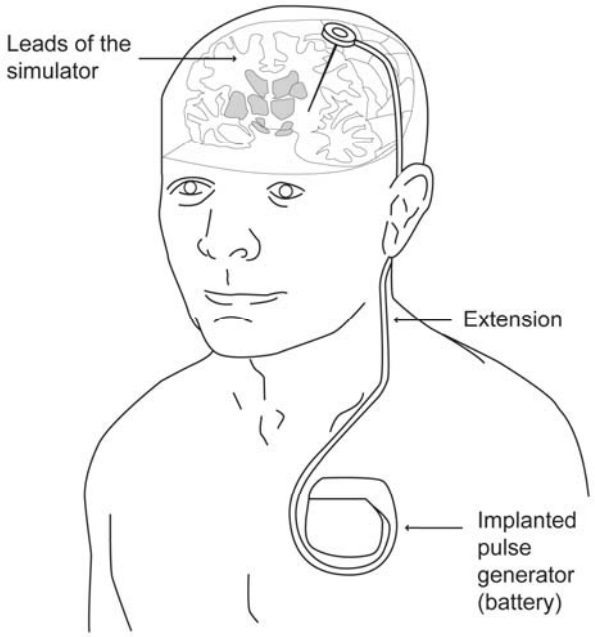
A small cut is made in the chest to enable placement of the battery. A modest bump will be visible over your chest where the battery sits. The battery is programmed so the stimulation you receive is tailored for your movement disorder.

If the operation is done in two stages the leads will remain unattached for a few days until the battery can be implanted a few days later.

On average the battery will last between 2 to 4 years.

The cuts will be closed with stitches or staples.

After surgery, you will be seen regularly by a Neurologist to ensure your programming is the best it can be.



Deep Brain Stimulation, Herston Multi Media Unit, RBWH, 2009

2. My anaesthetic

This procedure will require a general anaesthetic.

See **About Your Anaesthetic information sheet** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

3. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%) include:

- Headaches these usually improve with time.
- Infection requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- The operation may not be successful or be only partially successful. This may require further treatment.
- The effects of the stimulation may wear off with time despite changes in programming as the disease progresses.

Uncommon risks and complications (1-5%) include:

- Bleeding is more common if you have been taking blood thinning drugs such as anticoagulants (eg warfarin, dabigatran, rivaroxaban), antiplatelets

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(eg aspirin, clopidogrel, dipyridamole) or supplements like fish oil. Check with the treating doctor or relevant clinical staff if any medication you are taking, that is not list here, acts like a blood thinner.

- Heart attack due to the strain on the heart
- Stroke or stroke like complications may occur causing neurological deficits such as weakness in the face, arms and legs. This could be temporary or permanent.
- Visual disturbance which may be temporary or permanent.
- Memory difficulties which may be temporary or permanent.
- Psychological and or memory disturbance can occur. This may be temporary or permanent.
- Speech disturbance, which may be temporary or permanent.
- The wires may become infected and need to be removed. This may require repeated surgery in the future when the infection has been cured.
- Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

Rare risks and complications (less than 1%) include:

- The lead, wires or battery may move or try to come through the skin. This may require further surgery.
- The implanted device may malfunction requiring further surgery.
- Epilepsy which may require medication. This condition may be temporary or permanent.
- Fluid leakage from around the brain may occur through the wound after the operation. This may require further surgery.
- Injury to the brain, important nerves or blood vessels. This can lead to stroke like complications.
- Death as a result of this procedure is very rare.

Notes to talk to my doctor about: