




SW9073

 Queensland Government <h2 style="text-align: center;">Thalamotomy / Pallidotomy</h2> Facility:	(Affix identification label here)	
	URN:	
	Family name:	
	Given name(s):	
	Address:	
	Date of birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I

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)

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Thalamotomy/Pallidotomy is a procedure performed to inactivate a small but specific part of the brain to improve or relieve body tremors.

C. Risks of a thalamotomy / pallidotomy

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:

- Infection, requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- Bleeding can occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).

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

- 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.
- The procedure may not be successful or only partially successful.
- The symptoms may re-occur, requiring repeat surgery.
- Speech and/or visual disturbance which may be temporary or permanent.

- Personality and/or memory disturbance can occur. This may be temporary or permanent.
- Fluid leakage from around the brain may occur from 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.
- 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:

- Epilepsy which may require medication. This condition may be temporary or permanent.
- 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)*



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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**
- ☐ **Thalamotomy / Pallidotomy**
- ☐ **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:

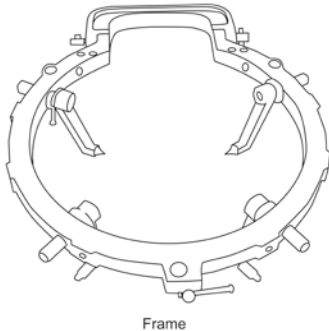
Date:

DO NOT WRITE IN THIS BINDING MARGIN

1. What is a thalamotomy / pallidotomy?

Thalamotomy/Pallidotomy is a procedure performed to inactivate a small but specific part of the brain to improve or relieve body tremors.

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



CRW Frame, Herston Multi Media Unit, RBWH, 2009

A small cut is made in the scalp and a small hole is drilled into the skull beneath the cut.

Once this is completed you will be woken up from the anaesthetic. This enables the surgeon to monitor your tremor.

An electrode (wire) is then inserted into the brain and a small stimulus is passed down the electrode. During this time your tremors will be assessed for a response to the stimulus. Once there is a noticeable improvement in the body tremors a temporary burn is made on the correct area of the brain.

If the result is satisfactory a permanent burn is made in this area.

The electrode is then removed and the skin is closed with stitches and staples.

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:

- Infection, requiring antibiotics and further treatment.

- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- Bleeding can occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).

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

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- The procedure may not be successful or only partially successful.
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- 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:

- Epilepsy which may require medication. This condition may be temporary or permanent.
- Death as a result of this procedure is very rare.

Notes to talk to my doctor about:

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