



**Dr R E Pope**  
 Beneficence and Nonmaleficence  
 Neurosurgeon and Spine Surgeon

## Elevation of Depressed Skull Fracture

Facility: .....

(Affix patient identification label here)

URN:

Family Name:

Given Names:

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)*

.....

.....

A Depressed Skull Fracture is a break in one or more of the bones in the skull caused by a head injury. Broken bone fragments of the skull can lacerate or bruise the brain or damage blood vessels in the brain. The procedure requires the reassembling of the broken bone fragments with metal plates/screws or sutures.

### C. Risks of this procedure

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

**Common risks and complications** 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).
- Skull deformity and/or poor cosmetic result may occur requiring further surgery at a later stage.

**Uncommon risks and complications** 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.

- Fluid leakage from around the brain may occur through the wound after the operation. This may require further surgery.
- Epilepsy which may require medication. This condition may be temporary or permanent.
- Abnormal sensations such as pins and needles, numbness or pain may occur from the wound after the operation. This may be temporary or permanent.
- Memory disturbance or confusion which could be temporary or permanent.
- Decrease in the normal body salt concentration. This may require admission to intensive care and further treatment.
- 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** include:

- Cerebral abscess requiring long term antibiotics. Further surgery maybe required to drain the abscess.
- 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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Procedural consent form



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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 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 accordingly.
- a doctor other than the Specialist Neurosurgeon 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
- Elevation of Depressed Skull Fracture
  - 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 before the procedure, including after I have signed this form but, preferably following a discussion with my doctor.

On the basis of the above statements,

### I request to have the procedure

Name of Patient/  
 Substitute decision  
 maker and relationship: .....

Signature: .....

Date: .....

**Substitute Decision-Maker:** Under the Powers of Attorney Act 1998 and/or the Guardianship and Administration Act 2000. If the patient is an adult and unable to give consent, an authorised decision-maker must give consent on the patient's behalf.

### H. Doctor's 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: .....

Designation: .....

Signature: .....

Date: .....

Name of  
 Anaesthetist: .....

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: .....

