

Coastal NeuroSurgery^{P.A.}

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CT GUIDED STEREOTACTIC BRAIN BIOPSY CONSENT FORM

Patient:

You have been scheduled for a CT guided stereotactic brain biopsy. Your surgery is scheduled for _____. The surgery is typically performed under a local anesthetic, however, in certain cases a general anesthetic may be used. The surgery involves placing a stereotactic frame over your head and securing the frame to your skull with four screws. Next a CAT scan of your brain is obtained with contrast and the information collected is used to precisely locate the lesion that needs to be biopsied. After the CAT scan is completed you will then be taken to the operating room where the actual biopsy will take place. The surgery involves shaving your head over the involved area and making an incision in your scalp and drilling a small hole in your skull and opening the covering over the brain. Next after using the calculations obtained from the CAT scan, a biopsy needle is passed into the brain to the level of the lesion and multiple biopsies are taken which are sent to pathology for further evaluation. After an adequate amount of tissue is removed, the biopsy needle is removed and the scalp is closed with sutures and staples. After the scalp is closed, the frame will be removed from your head.

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.
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 or stroke which may result in paralysis, visual loss, speech loss or other neurologic deficits depending upon the location of the lesion. There is also a possibility of developing seizures, which will require medical treatment.
4. Inability to obtain a diagnosis, which may require another biopsy in the future.
5. The surgery is only being performed to obtain a biopsy and is not a treatment for your problem, therefore, your symptoms will persist and possibly worsen until actual treatment is started.
6. There is a possibility that a blood clot may develop in the brain in the area of the biopsy which may require surgery to remove the clot.
7. Persistent pain at the pin sites where the frame was attached to your skull.
8. Leakage of the cerebrospinal fluid from the incision, which may require placement of the spinal drainage catheter or re-operation to repair the leak.
9. Infection of the pin sites.

10. 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.
11. Deep venous thrombosis (blood clot in legs), pulmonary embolism.
12. Risks of anesthesia: Adverse reaction to anesthesia given or any medication given during the surgery.
13. Cosmetic deformities of the scalp including scar tissue formation and depressions in the skull in areas where bone was removed.
14. Heart attack, coma and death.

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.

Patient: _____

Date: _____