

Coastal NeuroSurgery^{P.A.}

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CRANIOTOMY FOR INTRACEREBRAL HEMORRHAGE CONSENT FORM

Patient:

You have been scheduled for a craniotomy and removal of a blood clot from the brain. Your surgery is scheduled for _____. The surgery involves shaving your head over the involved area and making an incision in your scalp and removing the bone over the area of the blood clot and removing as much of the blood that can safely be removed. Once the clot is removed the bone will be replaced and the scalp will be closed with sutures and staples.

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: 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 blood clot.
4. Lack of benefit of surgery with persistent or worsening of symptoms.
5. Re-bleeding into the brain, which may require re-operation.
6. Leakage of cerebrospinal fluid from the incision, which may require placement of a spinal drainage catheter or re-operation to repair the leak.
7. 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.
8. Deep venous thrombosis (blood clot in legs), pulmonary embolism.
9. Risks of anesthesia: Adverse reaction to anesthesia given or any medication given during the surgery.
10. Cosmetic deformities of the scalp including scar tissue formation and depressions in the skull in areas where bone was removed.
11. 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 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: _____