



DR FRANCOIS SWART  
NEUROSURGEON

MBChB DA DipPeC M Med  
PR No: 0451118  
MP No: 0450014

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**INFORMED CONSENT DOCUMENT**

**CRANIAL SURGERY**

**NB: Please initial every page and sign the last page. Return document to Room 12, Cintocare Hospital or email to [annie.drfs@gmail.com](mailto:annie.drfs@gmail.com) prior to the procedure**

*Please note that the exact time of the procedure cannot be guaranteed - the final order of the theatre list may change at the last moment*

**ANAESTHETIC:**

You will be receiving a combination of general and local anaesthetics.

A general anaesthetic is a mixture of drugs to keep you unconscious and pain free during an operation. During the operation different drugs will be given at particular times for a specific purpose. Drugs are injected into the bloodstream via a vein or breathed in as gases or vapours into the lungs. A breathing tube may be put into your throat or windpipe to help you breathe under the anaesthetic. The tube is removed as you wake up after the procedure.

Local anaesthetics include spinal and epidural injections. This is the injection of local anaesthetic drugs, sometimes a pain killer, into the back to numb a large part of the body. These techniques are used to relieve pain during the operation and sometimes for pain relief afterwards.

Local anaesthetics can also be used to numb small areas, such as the site of the operation, or as nerve blocks to numb a larger area. Local anaesthetics may be combined with general anaesthetic.

**RISKS FROM THE ANAESTHETIC:**

Modern anaesthesia is generally safe. However, risks do exist. Whilst these events are usually temporary, some of them may cause long term problems.

Common side-effects:

- nausea and vomiting
- headache
- Pain and/or bruising at injection sites
- Sore or dry throat and lips
- blurred or double vision

Less common side- effects:

- muscle aches
- weakness





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- mild allergic reactions

Uncommon side- effects:

1. awareness under general anaesthetic
2. damage to teeth, dental prosthetics, and lips
3. damage to the voice box and vocal cords, which may cause temporary hoarseness
4. blood clot in the leg
5. damage to nerves at pressure areas
6. seizures

Rare risks which may cause death:

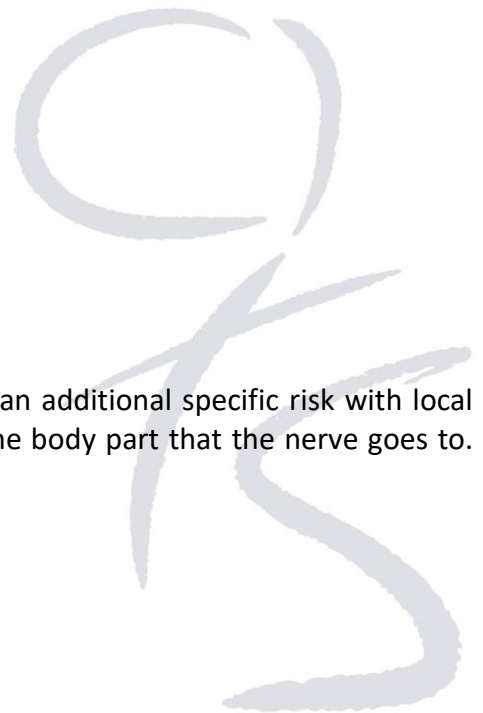
- severe allergy or shock
- very high temperature
- stroke or heart attack
- vomit in the lungs
- paralysis
- blood clot in the lungs
- brain injury

Increased risk:

- a bad cold or flu, asthma, or other chest disease
- smoking
- being overweight
- diabetes
- heart disease
- kidney disease
- high blood pressure
- other serious medical conditions

Risks of local anaesthetics:

- Nerve damage, due to bleeding, infection, or other causes, is an additional specific risk with local anaesthesia. This may cause weakness and/or numbness of the body part that the nerve goes to. This is usually mild and temporary





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**PATIENT'S RESPONSIBILITY BEFORE SURGERY:**

- Increase your fitness
- Give up smoking at least 6 weeks before surgery. Inform the anaesthetist if you smoke
- Bring all prescribed drugs and herbal drugs to the hospital on admittance and inform your doctor about them
- Report all allergies.
- Do not drink any alcohol 24 hours prior to the procedure
- Ask your doctor if you should stop taking aspirin before the procedure. Report the use of any blood thinning medication to doctor timely before the procedure
- Inform the doctors if you are on the contraceptive pill or IF YOU MAY BE PREGNANT

**THINGS TO AVOID AFTER GENERAL ANAESTHESIA:**

General anaesthetic will affect your judgement for about 24 hours. This is also applicable to conscious sedation (light anaesthetic).

**AVOID:**

- Driving any type of vehicle
- Operating machinery, including cooking implements
- Signing any legal documents
- Take any mind-altering drugs, including alcohol

**GENERAL RISKS OF A PROCEDURE:**

1. Small areas of the lungs may collapse, increasing the risk of chest infection. This may need physiotherapy and antibiotics
2. Clots in the legs (deep venous thrombosis) with pain and swelling. Rarely part of this clot may dislodge and go to the lungs which can be fatal
3. A heart attack because of strain on the heart
4. Stroke
5. Death is unlikely but possible due to the procedure

**SPECIFIC RISKS OF THIS PROCEDURE:**

- Infection of the skin and/or bone. This may require further surgery
- Bleeding which may require blood transfusion and may result in brain damage. This may be permanent
- Leakage of brain fluid under the skin or through the wound. This may require further surgery
- Stroke or stroke-like complications. This may be permanent
- Epilepsy which may require medication. This may be temporary or permanent
- Loss of vision which may be temporary or permanent



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- The condition may not be cured by surgery and may require further treatment, including surgery
- Increased risk in obese patients and smokers of wound infection, chest infection, heart and lung complications, and thrombosis
- Injury to brain tissue and nerves may occur. Your doctor will describe the most common problems possible with your particular procedure

**I ACKNOWLEDGE THAT:**

Dr F Swart has explained my medical condition and the proposed surgical procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that the procedure may include a blood transfusion.

Should any unexpected pathology be found during my operation, I agree that the doctor may modify the surgical plan appropriately.

The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated appropriately.

I understand that photographs may be taken during my operation.

I understand that no guarantee has been made that the procedure will improve the condition, and that the procedure may make the condition worse.

I understand that it is common practice to have a representative from the medical devices/ pharmaceutical industry present during the operation, if deemed appropriate by Dr Swart. I agree to the presence of students in theatre for training purposes.

I understand that my medical insurance/funder may not cover the complete cost of the procedure, that I am responsible for payment of the account, and I am aware that a quote for the procedure is available on request.



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Based on the above statements, I request to have the procedure.

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**Name of patient or parent / guardian if minor:**

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**ID Number:**

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Date:**

