

CRANIOTOMY

Craniotomy is the surgical procedure to remove and later replace a section of bone from the skull for purpose of removing a tumor, a blood clot, or a vascular malformation or aneurysm. In a craniotomy, an incision is made in the scalp to expose the portion of the skull that lies over the abnormality to be removed. A section of the skull, called a bone flap, is removed and the dura (a thick membrane) will be separated to expose the underlying brain. The lesion is removed as much as possible, then the dura is closed, the bone flap replaced, and the scalp incision closed.

Patient's

Initials

- _____ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.
- _____ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.
- _____ I understand that the procedure may fail to completely remove the lesion and that in attempting to remove the lesion it is possible that paralysis, visual, or speech deficit may ensue
- _____ I understand and accept that the most likely material risks and complications of a craniotomy for _____ have been discussed with me and may include but are not limited to:
- *bleeding*
 - *infection*
 - *seizures*
 - *heart attack or other cardiac complication*
 - *post-operative pain*
 - *blood clot/phlebitis*
 - *paralysis*
 - *recurrence*
 - *respiratory difficulties*
 - *adverse reaction to anesthesia*
 - *post-operative neurological decline*
- _____ I understand and accept that there are complications, including the remote risk of death or serious disability, that exist with any surgical procedure.
- _____ I understand and accept the risks of blood transfusion(s) that may be necessary.
- _____ I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The physician will do his/her best to minimize scarring but cannot control its ultimate appearance.
- _____ I am aware that smoking during the pre- and postoperative periods could increase chances of complications.
- _____ I have informed the physician of all my known allergies.
- _____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.
- _____ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.
- _____ I am aware and accept that no guarantees about the results of the procedure have been made.
- _____ I have been advised of the probable consequences of declining recommended or alternative therapies.
- _____ I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.
- _____ I understand that any tissue/specimen removed during the surgery may be sent to pathology for evaluation.
- _____ The doctor has answered all my questions regarding this procedure.

Continued

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

I authorize and direct _____, M.D./D.O., with associates or assistants of his or her choice, to perform a craniotomy for tumor removal on

_____ at _____, on the
(patient name) (name of facility)

right

left

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient or Legal Representative Signature/Date/Time

Relationship to Patient

Print Patient or Legal Representative Name

Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

Physician Signature/Date/Time

_____ copy given to patient
initial

_____ original placed in chart
initial