

CONSENT INFORMATION - PATIENT COPY

LUMBAR PUNCTURE (SPINAL TAP)

PROCEDURE

Lumbar puncture is undertaken for suspected life threatening brain infection (meningitis or encephalitis), life threatening stroke (subarachnoid haemorrhage) or disabling degenerative brain disorders (eg Multiple Sclerosis). This test will help confirm or exclude these serious problems. They will allow correct diagnosis and management to then occur.

Lumbar puncture (also commonly called a spinal tap). This involves placing a needle in the lower back to obtain fluid that bathes the brain and spinal cord (this fluid is called cerebral spinal fluid or CSF). The correctly placed needle enters a sac below the actual spinal cord. The lower back is generally considered the safest site to obtain this fluid for laboratory testing.

The doctor will tell you which position he wants you in for this test. It is important to be as still as you can during the procedure. There is not usually a lot of pain because a local anaesthetic is used but some patients feel a slight pressure and soreness when the needle goes in.

ANAESTHETIC

The procedure is usually done using local anaesthetic to numb the area. Some doctors will give sedation anaesthetic also. If you have any concerns, talk these over with your doctor or anaesthetist.

See "About your anaesthetic" information sheet for information about the anaesthetic and the risks involved. If you have not been given an information sheet, please ask for one.

SPECIFIC RISKS OF THIS PROCEDURE

- (a) **Headache** that can be severe and last up to several days. It will not be permanent. Risk 1-4%.
- (b) **Backache** is common especially at the time of the procedure affecting up to two thirds of patients. It often can last several days. Rarely it is permanent.
- (c) **Leg pain.** Shooting pain down the legs at the time of the procedure is common, affecting about 10% of patients. It usually settles when the needle is removed. Rarely, ongoing pain occurs for a few days. Very rarely, permanent pain can occur.
- (d) **Lower limb weakness or numbness.** This is an exceedingly uncommon complication. Risk is likely to be less than 0.01%. It may vary from mild to severe. It is usually transient (will eventually go away) but can be permanent.
- (e) **Other neurological or brain function problems.** Very rarely, unusual situations such as double vision that has come and gone, has been reported.

- (f) **Bleeding** either at site of needle insertion or into the spinal canal. Can be immediate or delayed. It is usually harmless but may cause leg problems as in (d). This is very rare.
- (g) **Infection.** This may be local at the needle site, the bones of the back or affect the spinal fluid. It is exceedingly rare but could cause serious health problems and death from meningitis in worst case.
- (h) **Brain Herniation or Coning (Movement of the brain).** This is a very rare condition that can lead to death or severe disability. The risk of this is greatly reduced by having a normal brain scan (C.T) prior to lumbar puncture but not all hospitals will have this as an available option.
- (i) **Local problems from needle injury.** These are uncommon and varied but include occasional implantation of skin cells that can cause local lumps or tumours (dermoids). They are usually harmless and may need surgical removal. This is extremely rare.

I ACKNOWLEDGE THAT:

The doctor 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.

The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and the risks of not having the procedure.

I have been given a Patient Information Sheet on Anaesthesia (Version 2: 11/2002).

I have been given a Patient Information Sheet (Version 1: 11/2005) about the procedure and its risks.

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 a doctor other than the Specialist may conduct the procedure. I understand this could be a doctor undergoing further training.

I understand that the fluid taken during the procedure may be retained for tests for a period of time and then disposed of sensitively by the hospital.

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

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

On the basis of the above statements,

I REQUEST TO HAVE THE PROCEDURE.

LUMBAR PUNCTURE (SPINAL TAP)	U.R. No		(Please place patient label here)	
	Surname			
	Given Names			
	D.O.B.		Sex	M F
	GP			

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 PROCEDURE

Lumbar puncture is undertaken for suspected life threatening brain infection (meningitis or encephalitis), life threatening stroke (subarachnoid haemorrhage) or disabling degenerative brain disorders (eg. Multiple Sclerosis). This test will help confirm or exclude these serious problems. They will allow correct diagnosis and management to then occur.

The doctor has explained that I have the following condition: (Doctor to document in patient's own words)

The following procedure will be performed:

Lumbar puncture (also commonly called a spinal tap). This involves placing a needle in the lower back to obtain fluid that bathes the brain and spinal cord (this fluid is called cerebral spinal fluid or CSF). The correctly placed needle enters a sac below the actual spinal cord. The lower back is generally considered the safest site to obtain this fluid for laboratory testing.

The doctor will tell you which position he wants you in for this test. It is important to be as still as you can during the procedure. There is not usually a lot of pain because a local anaesthetic is used but some patients feel a slight pressure and soreness when the needle goes in.

C. ANAESTHETIC

The procedure is usually done using local anaesthetic to numb the area. Some doctors will give sedation anaesthetic also. If you have any concerns, talk these over with your doctor or anaesthetist.

See "About your anaesthetic" information sheet for information about the anaesthetic and the risks involved. If you have not been given an information sheet, please ask for one.

D. RISKS OF THIS PROCEDURE

There are some risks/ complications, which include:

- (a) **Headache** that can be severe and last up to several days. It will not be permanent. Risk 1-4%.

- (b) **Backache** is common especially at the time of the procedure affecting up to two thirds of patients. It often can last several days. Rarely it is permanent.

- (c) **Leg pain.** Shooting pain down the legs at the time of the procedure is common, affecting about 10% of patients. It usually settles when the needle is removed. Rarely, ongoing pain occurs for a few days. Very rarely, permanent pain can occur.

- (d) **Lower limb weakness or numbness.** This is an exceedingly uncommon complication. Risk likely to be less than 0.01%. It may vary from mild to severe. It is usually transient (will eventually go away) but can be permanent.

- (e) **Other neurological or brain function problems.** Very rarely, unusual situations such as double vision that has come and gone, has been reported.

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- (i) **Local problems from needle injury.** These are uncommon and varied but include occasional implantation of skin cells that can cause local lumps or tumours (dermoids). They are usually harmless and may need surgical removal. This is extremely rare.

E. SIGNIFICANT RISKS AND RELEVANT TREATMENT OPTIONS

The doctor has explained any significant risks and problems specific to me, and the likely outcomes if complications occur. The doctor has also explained relevant treatment options as well as the risks of not having the procedure.

(Doctor to document in space provided. Continue in Medical Record if necessary. Cross out if not applicable.)

PROCEDURAL CONSENT FORM

LUMBAR PUNCTURE (SPINAL TAP)	U.R. No	(Please place patient label here)		
	Surname			
	Given Names			
	D.O.B.		Sex	M F
	GP			

F. PATIENT CONSENT

I acknowledge that:

The doctor has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and the risks of not having the procedure.

I have been given a Patient Information Sheet on Anaesthesia (Version 2: 11/2002).

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I understand that a doctor other than the Specialist may conduct the procedure. I understand this could be a doctor undergoing further training.

I understand that the fluid taken during the procedure may be retained for tests for a period of time and then disposed of sensitively by the hospital.

The doctor has explained to me that if immediate life-threatening events happen during the procedure or subsequent adverse events occur, they will be treated accordingly.

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

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.

G. INTERPRETER'S STATEMENT

I have given a translation in
(state the patient's language here) of the consent form and any verbal and written information given to the patient/ parent or guardian/ substitute decision maker by the doctor.

Name of Interpreter

Signature

Date

H. DOCTOR'S STATEMENT

I have explained:

- the patient's condition
- need for treatment
- the procedure and the risks
- relevant treatment options and their risks
- likely consequences if those risks occur
- the significant risks and problems specific to this patient.

I have given the patient/substitute decision-maker an opportunity to:

- ask questions about any of the above matters
- raise any other concerns

which I have answered as fully as possible.

I am of the opinion that the patient/substitute decision-maker understood the above information.

Name of Doctor

Designation

Signature

Date