

## CONSENT FOR EXCISION OF POSTERIOR FOSSA TUMOUR

I have discussed the operative procedure of posterior fossa craniectomy and excision of tumour with the patient. I have explained that this is a major operative procedure ( retromastoid posterior fossa approach) with its intended benefits in relation to tumour removal and preventing future progressive neurological deterioration ).

I have also discussed the risk of potential complications, due to haemorrhage, brain swelling, ischaemia, and infection in particular alluding to:

Incomplete tumour excision, which might necessitate further treatment e.g Stereotactic radiosurgery.

Tumour recurrence.

Facial palsy

Facial numbness.

Hearing loss.

Lower cranial nerve palsy causing dysphagia with a risk of pulmonary aspiration. If significant a tracheostomy and enteral nutrition may be considered.

CSF fistula : CSF may leak either from the wound or nose ( rhinorrhea ). If this persists insertion of a lumbar drain may be considered, as well as re – exploration of the operative site and insertion of a fat graft.

Intraoperative / postoperative intracranial haemorrhage and / or cerebellar ischaemia / swelling may cause potential life threatening complications or a significant permanent functional neurological disability. eg Gait ataxia, poor limb co - ordination

Infection : wound, meningitis, abscess, empyema,

Postoperative transient symptoms of headache, nausea and dizziness are very common, but are self limiting with resolution usually within weeks of the surgical procedure.

Some of these complications may necessitate further surgery.

General complications following any major surgical procedure : Chest infection / Pneumonia, DVT / Pulmonary embolus

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Signature  
Consenting Neurosurgeon

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Signature  
Consenting Patient

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Please print name

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Please print name

Date: