



1. Identification and description of the procedure.

You or a family member is going to undergo surgical intervention in order to perform:

- ⚙️ MONITORING OF INTRACRANIAL PRESSURE (ICP) The operation consists of making an orifice in the frontal part of the cranium, through which a sensor is inserted, which will remain lodged in the epidural, intracerebral or intraventricular space. The sensor is connected to a system that continuously measures the intracranial pressure and is kept in place as long as needed, depending on the pathology.
- ⚙️ DIAGNOSIS:

2. Purpose of the procedure and benefits that are expected to be achieved

For hydrocephalus, it allows us to determine the advisability and, where needed, type of cerebrospinal liquid shunt to implant. When it is suspected that intracranial pressure is high or should be controlled because of the patient's pathology (craneoencephalic trauma, space-consuming injury), it is possible to maintain the ICP within normal values and to select and adjust the treatment thereof. High ICP can result in death or serious injury of the cerebral trunk or leave all kinds of neurological after-effects.

3. Reasonable alternatives to this procedure.

The alternative to the proposed treatment, as you are following an assistance protocol, means maintaining your current treatment, because there are no other direct means of measuring the ICP.

4. Foreseeable consequences of the procedure.

You will be subject to reasonable risks deriving from the surgical intervention and anaesthesia. The foreseeable consequences of performance are:

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5. Foreseeable consequences if not performed.

Your current symptoms will persist or worsen, increasing the risk to your life, making functional recovery and control of the illness more difficult. The foreseeable consequences of non-performance are:

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6. Risks.

You must be aware that this operation is complex and delicate. Post-operative complications may arise in relation to the surgery (HAEMORRHAGE, INFECTION, CEREBROSPINAL LIQUID FISTULA) or the brain (CEREBRAL BRUISING, CEREBRAL OEDEMA, EPILEPTIC ATTACKS). Any of these complications may lead to transitory or permanent neurological deterioration of the patient's symptoms or to the appearance of other new symptoms (HEMIPHLEGIA, DISORDERS IN VISION, SUPERIOR FUNCTION DISORDERS, COMA, ETC.). The final results and complications depend on the patient's condition and how aggressive the surgery performed it, and for one reason or the other, post-operative mortality is possible.

Below you will find a list of the most common complications and the percentage in which they can appear, according to the experience gathered from different Centres. All surgical interventions involve certain risk, but in suggesting this treatment for you, we do so in the confidence that the expected benefits compensate for the risks assumed. You will be provided information regularly on the patient's evolution and, in the event that complications arise, the seriousness of them.

FREQUENCY OF THE MOST COMMON COMPLICATIONS: Intracerebral haemorrhaging causing neurological deficiency or deterioration of a pre-existing deficiency (0.8-3%); Epileptic crises (early and late) in less than 5%; Infection (1.10%) – Superficial, on the skin, the path. Deep: Meningitis or ventriculitis; Mortality (0-1.2%); Pneumocephalus (air in the brain); Over-drainage (when the sensor is via a ventricular catheter) of the cerebrospinal liquid (1.4%), causing subdural, epidural, intracerebral haematoma. Ventricular collapse (Spanish Society of Neurosurgery).

7. Risks depending on the patient's clinical situation.

Besides the aforementioned risks, the presence of other illnesses, allergies or general alterations may increase the complications and the seriousness thereof. Due to the disease(s) you suffer from, you may have other complications:

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Monitoring of intracranial pressure (ICP)

Declaration of consent

Mr./Mrs./Miss. aged , with home address at
..... , National Identity No. and SIP number

Mr./Mrs./Miss. aged , with home address at
..... acting in the capacity of (the patient's legal representative, relative or close friend) , with National Identity No.

Hereby declare:

That the Doctor has explained to me that it is advisable/necessary in my situation to perform a
..... and that I have adequately understood the information he/she has given me.

In on , 2

Signed: Mr./Mrs./Miss. With National Identity Card No

Signed: Dr. With National Identity Card No

Associate number

Revocation of the consent

I hereby revoke the consent granted on the date of , 2 and I do not wish to carry on with the treatment that I hereby terminate on this date.

In on , 2

Signed: The Doctor

Signed: The patient

Associate number:

