

For staff use only:

Patient Details:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

West Suffolk Hospital

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Lumbar Puncture

For staff use:

Does the patient have any special requirements? (Eg interpreter or other communication method)

.....

.....

.....

You will be asked to read the consent form carefully and you and your doctor will sign it to document your consent.

PATIENT INFORMATION

Lumbar Puncture

A lumbar puncture is a procedure to collect and look at the Cerebrospinal fluid (CSF) surrounding the brain and spinal cord. During the procedure, a needle is carefully inserted into the spinal canal, low in the back, to collect samples of CSF which are then sent to the laboratory for analysis.

Intended benefits of the procedure

A lumbar puncture is requested mainly as a diagnosis for problems affecting the brain and spinal cord. A lumbar puncture may also be done to lower the pressure in the brain caused by too much CSF.

We want you to be informed about your choices. This will help you to be fully involved in making any decisions.

- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.
- Please read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- Remember, you can change your mind about having the procedure at any time even after you have signed the form.

Who will perform my procedure?

- It will generally be a doctor who performs your lumbar puncture. Sometimes a trained other member of staff may do so.
- There may be medical students present for teaching purposes; this will be discussed with you.

Before your procedure

- When you are seen by the doctor you will be examined and may have to have a scan of your head. This is to ensure that you do not have any medical conditions that would cause a risk during the lumbar puncture.

- Details of any medication you are taking will be discussed at this time. Tell your doctor if you have ever had an allergic reaction to lidocaine the numbing medicine often used by your dentist.
- If you are taking any drug to stop your blood from clotting, ie Warfarin, Clopidogrel or aspirin, it is essential that you tell the doctors, it may mean that you will have to stop taking your medication for a few days.
- If you have an allergy to iodine, a skin antiseptic liquid, please tell the doctor. These questions will be asked again just before the procedure.

During the procedure (operation/treatment) itself

- Most patients do not have to undress for this procedure. You will be asked to remove your shoes and make the lower spine easy to access. A gown is available if preferred.
- You will be asked to lie flat on your left hand side with your knees tucked up to your chest. A pillow will be put between your knees for comfort. If you find this position uncomfortable it may be possible to have the lumbar puncture done sitting up, this can be discussed with the doctor or nurse.
- The doctor will then gently feel your lower back to locate the correct area. Your back will then be cleaned with Iodine; this feels cold on the skin.
- A local anaesthetic is then injected into the skin in your lower back; this is repeated twice and can feel like a stinging sensation.
- When the skin is numb a fine spinal needle is then inserted into the space that holds the CSF. During this you may feel a slight pushing sensation. Depending on the type of needle used there may initially be an 'introducer' needle and then a longer and finer needle inserted through the 'introducer'
- The needle is usually only in place for a few minutes.
- The pressure of CSF is then measured. If this is raised it may be lowered by draining some of the CSF. A small volume, is then collected into pots and sent for pathological examination.
- The spinal needle is then carefully removed, the iodine is wiped off your back and a small plaster is put onto your back.
- Blood tests may need to be taken while you rest. This will be discussed during the procedure.

After the procedure (operation/treatment)

- When your lumbar puncture is finished you will be asked to remain flat on the bed/couch to rest for 30 minutes.
- This rest time is important as it may help to prevent a headache occurring.
- Drinking lots of fluid such as water and squash may also help to prevent a headache.
- Slight tenderness may be felt when the local anaesthetic has worn off. Very rarely, bruising and swelling may occur.

Serious or frequently occurring risks

As with any procedure there can be side effects. The most common is a headache.

This can occur 24 hours after the lumbar puncture.

This risk of a headache can probably be reduced by resting, and drinking adequate fluids (at least 2 litres of water until the following day).

If your headache persists you may find relief by laying down flat and taking some pain relief, for example paracetamol.

If your headache continues for more than 3 days contact your GP or your hospital doctor (if still an in-patient) who may prescribe some stronger painkillers.

Local Anaesthesia

In local anaesthesia, the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut. Usually a local anaesthetic will be given by the doctor doing the procedure.

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Consent Form 1

Patient Details or label Surname: First name(s): Date of birth: CRN number: NHS number: Male/Female:

Responsible health professional: Job title: Special requirements: <i>(eg other language/other communication method)</i>

Patient agreement to investigation or treatment

Name of proposed procedure or course of treatment

Lumbar Puncture

Statement of health professional

(To be filled in by a health professional with an appropriate knowledge of the proposed procedure, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular I have explained:

- The intended benefits of the procedure
 - Any serious or frequently occurring risks from the procedures including those specific to the patient
 - Any extra procedures that might become necessary during the procedure
- Blood transfusion Other procedure (please specify)

I have also discussed what the treatment/procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

This procedure will involve:

- General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss options later)

- I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (where appropriate)

I have interpreted the information to the best of my ability and in a way in which I believe s/he can understand:

Interpreter's signature Date:

Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will

(See Consent Form 4 for those patients unable to consent, eg dementia)

Copy accepted by patient: yes / no (please circle)

Patient Details or label Surname: First name(s): Date of birth: CRN number: NHS number: Male/Female:

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of this consent form, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

.....
.....

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature:..... Date:

Name (PRINT):.....

If the patient is unable to sign but has indicated his or her consent, a witness should sign below. Young people/children may also like a parent to sign here (see guidance notes).

Witness's signature:..... Date:

Name (PRINT):.....

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Health Professional's signature:..... Date:

Name (PRINT):..... Job title

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Health Professional’s signature:..... **Date:**

Name (PRINT):.....Job title

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