

EVD AND INTRACRANIAL PRESSURE MONITORING

Informed Consent Document

Form No: AOF-015

Rev. No / Date: 2026 v09 / 10.07.2026

PATIENT PROTOCOL NO		DATE	
TURKISH ID / PASSPORT NO		DATE OF BIRTH	
PATIENT'S FULL NAME		SEX	
DIAGNOSIS			

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1. Dear Patient,

It is your most natural right to be informed about your medical condition and about the medical / surgical treatment and all diagnostic procedures recommended to you for the treatment of your illness. After learning the benefits and possible risks of medical treatments and surgical interventions, it is again your own decision whether or not to consent to the procedure to be performed. The purpose of this explanation is not to frighten or worry you, but to involve you more consciously in the decisions to be made about matters concerning your health. If you wish, all information and documents regarding your health can be given to you or to a relative you deem appropriate. Although this form has been designed to meet the needs of most patients under most circumstances, it should not be regarded as a document containing the risks of all forms of treatment. Depending on your personal health condition, your physician may give you different or additional information. After learning the benefits and possible risks of diagnosis, medical treatment and surgical interventions, it is your own decision whether or not to accept the procedures to be performed. Except in situations of legal or medical necessity, you may refuse to be informed or withdraw your consent at any time. This form has been prepared to inform you about the risks of the Operation and about alternative treatment methods. Please read this form completely and carefully, and sign this consent form only after you have read it and all your doubts regarding the procedure in question have been resolved by the physician.

2. General Information About the Disease and Treatment

Cerebrospinal fluid (CSF) is like a natural protective cushion that circulates freely within and around the brain and spinal cord. This fluid circulates through the channels inside the brain and spinal cord and is then reabsorbed. When there is a blockage in the CSF circulation pathway, when an excessive amount of CSF is produced, or when there is a problem with CSF absorption, complaints such as headache, vomiting, dizziness, urinary incontinence, difficulty walking, and impaired consciousness may occur due to the pressure that the accumulated fluid exerts on the brain and/or spinal cord. In the face of this condition, External Ventricular Drainage (EVD) surgery must be performed in order to remove this fluid that is pressing on the brain. I understand that during this procedure my doctor will insert a foldable

tube (catheter) through a small hole made in my skull, towards the fluid space inside the brain. Through this tube, the excess cerebrospinal fluid is drained into a system collected outside the body (a drainage bag), and the pressure inside the head is lowered.

Intracranial pressure (ICP) monitoring is a procedure performed for the purpose of continuously measuring and monitoring the pressure inside the head. When the possibility of increased intracranial pressure is detected in the patient as a result of the examination and investigations, measuring the pressure is recommended in order to determine the risk of brain damage due to the increased pressure and, if necessary, to treat it. For this purpose, a thin pressure gauge (probe/catheter) is placed through a small hole made in the skull, into the brain tissue or into the cerebral ventricle (the CSF space), and is connected to a monitor that continuously displays the pressure value. The normal values of intracranial pressure are approximately between 1–15 mmHg (millimetres of mercury). If the measured value is above this range and there is no space-occupying event inside the head requiring surgical evacuation (oedema, haemorrhage, tumour, abscess, brain tissue damaged due to trauma), the increased intracranial pressure can be lowered by draining the cerebrospinal fluid contained in the cavities inside the brain to the outside (ventricular drainage). Ventricular drainage catheterisation and intracranial pressure monitoring can often be applied in the same session as complementary procedures. Your doctor, having evaluated your condition in detail, has decided on the most appropriate approach for you and has recommended this procedure to you.

3. Alternatives to the Operation, If Any

As alternatives to the operation, I have considered the following options:

- Accepting all risks and not having this operation, as explained to me verbally by my doctor;
- Accepting all risks and following up with computed tomography, magnetic resonance imaging, or other investigations;
- Attempting to treat the increased intracranial pressure with medication;
- Third ventriculostomy and ventriculoatrial shunt surgery, other than this procedure;
- Other possible treatment options...

I have also considered the other treatment methods explained to me by my doctor. The advantages and disadvantages of these alternative methods were also explained to me by my doctor.

4. Expected Benefits of the Operation

I know that the aim of this operation is to remove the excess CSF inside the head and to reduce the pressure that forms on the brain. The aim of intracranial pressure monitoring, on the other hand, is the early detection of increased intracranial pressure and the guidance of treatment accordingly; in this way, an attempt is made to prevent high pressure from impairing the nourishment of the brain tissue and leading to permanent brain damage. I am aware that no guarantee is given regarding the results of these methods, and I accept this.

5. Estimated Duration of the Operation

The duration of the procedure to be performed may vary depending on the disease and the patient's condition, and is on average - hours. In addition, the procedures to be carried out by the anaesthesia doctors before and after the operation are not included in this duration. Depending on the circumstances of the case, the procedure may take longer than the stated duration. Your doctor will give you detailed information at the end of the procedure.

6. Risks and Complications of the Operation

In addition to its benefits, the surgical procedure to be performed also carries potential risks.

Anaesthesia risk: There are risks during and after local and general anaesthesia procedures (due to the position given to the patient during the operation). In addition, in every form of anaesthesia and

in sedation, there are complications and harms that may arise from the drugs used. The anaesthesia procedure to be applied and the related risks and complications were explained to me, and I approve the recommended procedure in this regard.

Bleeding: Although very rare, I am aware of the existence of a risk of bleeding, which may be severe, during or after my operation. In the event of bleeding, additional treatment or a blood transfusion may be needed. In such a case, I approve the necessary blood transfusion and other treatments.

Some medications that I use and/or that need to be used during my treatment may increase the risk of bleeding through drug interactions and/or side effects. In some cases, it may be necessary to use blood-thinning medications earlier than expected, and this may also increase the risk of bleeding.

Blood clot formation: Blood clots can form after any type of operation. Clots forming at the bleeding site can obstruct blood flow and lead to complications such as pain, oedema, inflammation, or tissue damage. If the use of blood thinners is discontinued, the risk of clotting may increase.

Postoperative neurological deterioration: Nervous system functions may deteriorate after the operation due to problems such as bleeding at the operation site, cerebral oedema (pressure on the brain as a result of fluid accumulation), or vasospasm (narrowing of the vessels).

Risk of cerebrospinal fluid leakage: After the operation, cerebrospinal fluid may leak from the wound site to the outside. Its treatment may require a spinal catheter or an additional intervention to repair the same wound site.

Brain and spinal cord damage: During the intervention, neural tissues (brain, spinal cord, and nerves) may be damaged, which may lead to certain functional impairments. During the placement of the intracranial pressure probe or the drainage catheter into the brain tissue, although rarely, damage to the brain tissue and consequent neurological sequelae (permanent loss of function) may develop.

After the operation, fluid accumulation in the brain, or problems related to swallowing, deglutition, and breathing (Chiari malformation), may develop.

Infection: Infection may occur at the skin incision site, as well as in the operative field, and even in the bone within the operative field. Risks associated with infection include meningitis (inflammation of the membranes surrounding the brain and spinal cord) and empyema-abscess formation (accumulation of pus).

Recurrence: After surgery, some of the complaints may recur in the early or late period, and in this case additional surgical intervention may be required.

Respiratory difficulty: Respiratory distress may occur through brainstem injury during surgery and, after surgery, through the compression effect of a clot on the brainstem or spinal cord causing lung infection (pneumonia) and through the effect of a clot on the pulmonary artery (pulmonary embolism). It may require additional treatment.

Seizure (convulsion): An abnormal electrical event in the brain may cause a seizure/convulsion, and this condition may arise from the complications developing in the intracranial part of the operation.

Failure of the drainage/shunt to work: I know that there is a risk that the drainage system may become blocked and fail to perform its function. This may be encountered in the early postoperative period, and such a risk also exists in the long term.

Paralysis: Although rare, partial or complete paralysis may develop due to tissue damage related to the application of the intracranial part of the system.

Implant problems: The implants placed during the operation may lead to conditions such as breakage, displacement, failure to perform their function, allergy, and infection. For this reason, they may need to be removed or replaced.

Cardiac complications: The operation carries a low risk of causing an irregular heart rhythm or a heart attack.

Death: Although very rare, there is a risk of death during or after the operation.

Failure of the operation: The surgical intervention to be performed may not ensure the improvement of all or some of the complaints.

I have also understood and approve the possibility that, in the event of an unexpected situation during my operation such as bleeding, injury to adjacent tissue or organs, etc., my doctor may

perform other procedures necessary for my health beyond the planned procedure.

I have understood and accept all of the risks written above that may occur during and after the surgical procedure to be performed on me.

7. Consequences of Not Undergoing the Operation

The patient's current complaints and clinical condition may not improve, and there may be a worsening. If this operation to be performed for hydrocephalus is not carried out, an increase may be observed in the patient's signs of hydrocephalus (these being: sunset-eye appearance, projectile vomiting, seizures, and other similar signs). When the intracranial pressure remains above certain values, the nourishment of the brain tissue may fall below normal, and, as a result, neurological sequelae of varying severity may develop in different regions of the brain. A progressive increase in intracranial pressure may exert pressure on the vital centres located in the brainstem, causing sudden respiratory and cardiac arrest, irreversible brain damage, and death.

8. Important Characteristics of the Medications to Be Used

If you have a previously identified drug allergy, you must inform your physician and your nurse about this. During your current course of treatment, medications appropriate to the patient's medical condition (painkillers, antibiotics, medications supporting circulation and the heart, blood products, serum treatments, medications specific to your illness) will be given according to the reason for admission or to newly developing conditions. Side effects may occur during the use of medications and may cause damage to the heart, kidneys, and other organs. New medications will be added to the treatment to correct organ damage. PROPHYLAXIS: Before and after your operation, appropriate protective antibiotic treatment is applied in order to reduce the risk of surgical site infection. USE OF BLOOD-THINNING MEDICATIONS: If you use medications that prevent blood clotting, blood thinners, you may be given different medication treatments or blood products to counteract the effects of these medications. ANTIEPILEPTIC MEDICATION: After brain operations, seizure-preventing medications called antiepileptics are used to prevent epileptic seizures. INTENSIVE CARE-DELIRIUM: In elderly patients and during long intensive-care stays, medications that regulate mental health recommended by a psychiatrist may be used for psychological symptoms that may arise in patients. These medications may cause damage to the heart, kidneys, and other organs. SHUNT INFECTION, EVD: As a result of a CSF infection, appropriate antibiotics recommended by the infectious diseases department will need to be started. Among these treatments, the method referred to as intraventricular treatment, in which medications are administered into the brain ventricles with the help of the EVD, may also be used. In addition to these, anaesthesia-related medications are used. The narcotic medications given during the operation may have toxic (poisonous) effects / side effects on organs such as the lungs, heart, brain, kidneys, and liver. For this reason, a RISK OF DEATH may arise. I have informed my doctor about all my known allergies. I have also informed my doctor about the prescription medications I use, over-the-counter medications, herbal medicines, dietary supplements, illegal drugs, alcohol, and sedatives/narcotics. The effects of using these substances before and after the operation were explained to me by my doctor, and recommendations were made. During my stay in hospital, I received information about the important characteristics of the medications to be used for diagnosis and treatment (what they are used for, their benefits, side effects, and how they are to be used).

9. Lifestyle Recommendations Critical for the Patient's Health

Tobacco and Tobacco Products: It was explained to me that smoking tobacco and tobacco products (cigarettes, waterpipe, cigars, pipe, etc.) before or after my operation may cause my recovery process to be prolonged. Anaesthesia risks are greater in patients who smoke, and death due to anaesthesia is seen more frequently. If you smoke, you should know that the success of your treatment/operation will be lower than the general average success rate.

Follow your doctor's recommendations (exercise, nutrition programme, etc.) and, if applicable, do not neglect your outpatient follow-up appointment on the date requested of you.

I received information about what I need to do regarding my lifestyle after my treatment/operation (diet, bathing, medication use, mobility status and/or restrictions).

10. Patient-Specific Section

The patient's individual, person-specific circumstances are recorded at the end of the form under Section 14 — Signatures.

11. How to Access Medical Assistance on the Same Matter When Needed

Refusing the treatment/operation is a decision you make of your own free will. If you change your mind, you may personally reapply to our hospital/hospitals capable of performing the treatment/operation in question.

I have received information on how to access medical assistance on the same matter when needed (my own physician, a different physician, the clinic where I was treated, and, in emergencies, 112).

12. Permissions

I authorise the Head of the Surgical Team, Responsible Specialist Doctor **Dr. Özgür Akşan**, and his team to perform my operation.

I understand that this intervention is performed with the aim of eliminating my complaints and with the intention of preserving or improving the function of the nervous system. I confirm that my doctor has explained all of the above information, that I have understood this information, and that all of my questions regarding this intervention have been answered. Therefore, I give my consent for **EXTERNAL VENTRICULAR DRAINAGE (EVD) AND INTRACRANIAL PRESSURE (ICP) MONITORING** and for all different or additional operations and supplementary treatment interventions that my doctor deems necessary.

Use of tissue: Any tissue not required for medical diagnosis may be used for medical research within the framework of ethical rules. I consent to the use of any tissue, medical device, or body parts that may have been removed during the surgical procedure.

Medical research: I consent to the review of clinical information from my medical records for the advancement of medical study, medical research, and doctor training, provided that the rules of confidentiality are observed.

Photography/Observers: I consent to the photographing or video recording of the operation to be performed for scientific, medical, or educational purposes, provided that the images do not reveal my identity.

13. Consent Verification

I know the alternative treatment methods and their risks.

I know the risks and side effects of the intervention.

I know the likelihood of success and failure.

I know what may happen if I do not receive treatment.

I understand that the procedure to be performed may carry no guarantee of cure.

I have understood everything that was told to me.

My doctor has answered all my questions.

My doctor explained everything written here to me, item by item, in a clear, understandable, and explanatory manner that I could comprehend.

I know the meaning of the Informed Consent form.

I have been informed about the approximate cost of the treatment.

I am making this decision of my own free will.

I had enough time before the intervention to obtain a second opinion within a reasonable period.

I have read and understood the content of the Informed Consent form.

All blank spaces on this form were filled in before I signed it, and I received a copy.

Signatures

A) Patient-Specific Conditions

The patient writes in their own handwriting any personal conditions (allergies, medications, previous surgeries, etc.). If there are none, writing "NONE" is sufficient.

B) Handwritten Declaration

The patient writes the following sentence in their own handwriting:

"I have read this form carefully, I have been informed about EVD AND INTRACRANIAL PRESSURE MONITORING, my questions have been answered, and I consent to this procedure of my own free will."

C) Signatures

	Full Name	Signature	Date / Time
Patient			
Patient's Legal Representative / Relative (Relationship:)			
Head of Surgical Team, Responsible Specialist	Dr. Özgür Akşan		