



SW9193

# Lumbar Puncture (Spinal Tap)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## 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 treatment

The doctor has explained that you have the following condition and the reasons why a lumbar puncture is necessary: *(Doctor to document patient's own words)*

.....

.....

Lumbar puncture is 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 cerebrospinal 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.

## C. Risks of a lumbar puncture (spinal tap)

There are risks and complications with this procedure They include but are not limited to the following.

### Common risks and complications (more than 5%):

- Backache is common especially at the time of the procedure affecting up to two thirds of patients. It can last several days. Rarely is it permanent.
- 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.
- Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix, Iscover, Coplavix), Prasugrel (Effient), Dipyridamole (Persantin or Asasantin), Ticagrelor (Brilinta), Apixaban (Eliquis), Dabigatran (Pradaxa), Rivaroxaban (Xarelto).

### Uncommon risks and complications (1 – 5%)

- Headache that can be severe and last up to several days and it may need further treatment.

### Rare risks and complications (less than 1%)

- Bleeding at the site of needle insertion or into the spinal canal can be immediate or delayed. Often harmless but may cause leg problems.
- Lower limb weakness or numbness is an exceedingly uncommon complication. It may vary from mild to severe. It usually lasts only a short time but rarely can be permanent.
- Other neurological or brain function problems occur very rarely, such as double vision has been reported and is short-lived.

- Infection may occur at the needle site, and affect the bones of the back or the spinal fluid. It is very rare but death from meningitis can occur.
- Local problems from needle injury are uncommon and include occasional implantation of skin cells that can cause local lumps or tumours (dermoids). They are harmless and may need surgical removal. This is extremely rare.
- Brain Herniation or Coning (Movement of the brain) is an exceedingly rare condition that can lead to death or severe disability. The risk of this is greatly reduced by having a normal brain scan (CT or MRI) prior to lumbar puncture but not all hospitals will have this as an available option.
- Death as a result of this procedure is ultra-rare.

## D. Risks of not having this procedure

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

.....

## E. Anaesthetic

This procedure is usually done using local anaesthetic to numb the area. Occasionally a sedation anaesthetic is necessary.

## F. Anticoagulant/Antiplatelet Checklist

Information to discuss with your doctor about blood thinning drugs:

Aspirin  Yes  No  
**This can be continued.**

Antiplatelet agents  Yes  No  
Clopidogrel, Prasugrel, Ticagrelor, Dipyridamole, Other:

**INCREASES RISK:** if emergency cover with fresh platelets with Haematology input.

If elective - can it be withheld and the patient maintained on aspirin alone for 7 days prior?  Yes  No  
**Must be approved by the medical staff who manage the antiplatelet agent. If it cannot be ceased the procedure should be avoided unless benefits exceed additional risk.**

Warfarin/Dabigatran/Rivaroxaban/Apixaban/Heparins/ And other new anticoagulants  Yes  No

**INCREASES RISK:** correct coagulation abnormalities. Check INR, APPT or where appropriate - anti Xa levels, Thrombin Clotting Time.

If elective can all anticoagulation be ceased before the procedure?  Yes  No  
**Must be approved by the medical staff who manage the anticoagulant. Cessation duration or bridging with IV heparin or LMWH requires expert advice.**

**Also consider thrombocytopenia, significant liver disease and the possibility of vitamin K deficiency.**

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## G. Patient consent

I acknowledge that the doctor has explained;

- My medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- The anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- Other relevant procedure/ treatment options and their associated risks.
- My prognosis and the risks of not having the procedure.
- That no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- Tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- If immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- A doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

### I have been given the following Patient Information Sheet/s:

- Local Anaesthetic & Sedation for your Procedure**
- Lumbar Puncture (Spinal Tap)**

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

I request to have the procedure

Name of Patient : .....

Signature: .....

Date: .....

## Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD: .....

No ▶ Name of Substitute Decision Maker/s: .....

Signature: .....

Relationship to patient: .....

Date: ..... PH No: .....

**Source of decision making authority (tick one):**

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

## H. Doctor/delegate statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: .....

Designation: .....

Signature: .....

Date: .....

## I. Interpreter's statement

I have given a sight translation in

.....

(State the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: .....

Signature: .....

Date: .....

DO NOT WRITE IN THIS BINDING MARGIN

# Consent Information - Patient Copy

## Lumbar Puncture (Spinal Tap)

### 1. What is a lumbar puncture (spinal tap)?

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

Lumbar puncture is 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 cerebrospinal 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 they want 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.

### 2. My anaesthetic

The procedure is usually done using local anaesthetic to numb the area. Some doctors will give sedation anaesthetic also.

See **Local Anaesthetic & Sedation for your Procedure** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

*If you have not been given an information sheet, please ask for one.*

### 3. What are the risks of this specific procedure?

There are risks and complications with this procedure They include but are not limited to the following.

#### Common risks and complications (more than 5%):

- Backache is common especially at the time of the procedure affecting up to two thirds of patients. It can last several days. Rarely is it permanent.
- 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.
- Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix, Iscover, Coplavix), Prasugrel (Effient), Dipyridamole (Persantin or Asasantin), Ticagrelor (Brilinta), Apixaban (Eliquis), Dabigatran (Pradaxa), Rivaroxaban (Xarelto).

#### Uncommon risks and complications (1 – 5%)

- Headache that can be severe and last up to several days and it may need further treatment.

#### Rare risks and complications (less than 1%)

- Bleeding at the site of needle insertion or into the spinal canal can be immediate or delayed. Often harmless but may cause leg problems.

- Lower limb weakness or numbness. This is an exceedingly uncommon complication. It may vary from mild to severe. It usually lasts only a short time but rarely can be permanent.
- Other neurological or brain function problems. Very rarely, unusual situations such as double vision that is short-lived, has been reported.
- Infection may occur at needle site, the bones of the back or affect the spinal fluid. It is very rare but death from meningitis in worst case.
- Local problems from needle injury are uncommon and include occasional implantation of skin cells that can cause local lumps or tumours (dermoids). They are harmless and may need surgical removal. This is extremely rare.
- Brain Herniation or Coning (Movement of the brain) is an exceedingly rare condition that can lead to death or severe disability. The risk of this is greatly reduced by having a normal brain scan (CT or MRI) prior to lumbar puncture but not all hospitals will have this as an available option.
- Death as a result of this procedure is ultra-rare.

#### Risks of not having this procedure

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

#### Notes to talk to my doctor about: