Patient information and consent to lumbar puncture

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Simple painkillers such as paracetamol and ibuprofen may be required after surgery. Simple bowel medication such as senna and lactulose may be required after surgery. It is suggested that you discuss with your pharmacist and have a seven day supply of these medications at home to take as you need according to the instructions.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- Please call the nurses telephone number 01223 216021 if you have any questions or concerns about this procedure or your appointment.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health.
However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

About lumbar puncture

A lumbar puncture uses a fine needle to remove a sample of cerebral spinal fluid (CSF) from the space surrounding the spinal roots in the lumbar spine, (lower back), well below the spinal cord itself. The CSF is then used to diagnose symptoms caused by certain diseases of the brain and spinal cord. A lumbar puncture may also be done to lower the pressure on the brain and eye nerves caused by too high a pressure in the CSF.

Intended benefits

- A lumbar puncture is requested mainly as a diagnosis for problems affecting the brain and spinal cord.
- If the lumbar puncture is performed for abnormally high pressure then the benefits may include less headaches and improvement in other symptoms of raised pressure.

Who will perform my procedure?

This procedure will be performed by doctors and specialist nurses who have experience in carrying out a lumbar puncture. There may be medical students present for teaching purposes; this will be discussed with you when you attend the clinic/ward.

Before your procedure

Patients are either seen in the out-patient clinic, emergency clinic, or on the ward when a decision is made to perform a lumbar puncture. 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. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

The doctor should be aware if you are on any drug that reduces your blood clotting for example, Warfarin may mean that a lumbar puncture is not as safe so you should confirm that those involved in the lumbar puncture are aware if you are on such medication.

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If you have an allergy/sensitivity to skin antiseptic please tell the doctor. These questions will be asked again just before the procedure.

This procedure involves the use of anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet. You will see an anaesthetist before your procedure.

Most people who have a lumbar puncture are seen as a day case and can go home when the procedure is finished in approximately one hour.

Patients having a lumbar puncture on a ward will have to stay in hospital until the doctor decides to discharge them.

You may eat and drink normally before this procedure.

This procedure does not affect people with pacemakers.

Patients being asked to attend the day case unit for a lumbar puncture will receive an information sheet in the post; this gives general information about the procedure. This consent form will be given to you when you attend your appointment for the lumbar puncture. If you have any questions or anxieties, please feel free to ask a member of the nursing staff.

**During the procedure**

- Most patients do not have to undress much for this procedure; you will be asked to remove only your shoes and pull up or push down any clothing to expose the lower part of your back. 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, back bent and a pillow will be put between your knees to ensure your spine stays horizontal. The lumbar puncture may be done with you sitting up in some circumstances; this will be explained as necessary by the doctor or nurse.
- The doctor or nurse specialist will then gently feel your lower back to locate the correct area. Your back will then be cleaned with an alcohol swab; this feels cold on the skin.
- A local anaesthetic is then given into the skin in your lower back; this is repeated twice or a third time if necessary 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.
- The needle is only in place for one to four minutes.
- The pressure of CSF is then taken; if this is raised it will be lowered by draining some of the CSF. Further explanation of the amount to be removed will be discussed at that time.
- A small amount of CSF (about 5mls, for example about a teaspoonful or two) is then collected into pots and sent for examination. Your body will replace this amount of fluid in less than half an hour.
The spinal needle is then carefully removed, the skin is wiped clean and a small plaster put onto your back.

You can bath or shower later on after the procedure.

Blood tests may need to be taken while you rest; these will be discussed during the consent.

After the procedure

Some people get a headache after the procedure because the pressure in the CSF system is lowered, this headache will be relieved by lying down. So when your lumbar puncture is finished you will be asked to remain flat on the bed/couch to rest for 30 minutes, to allow your body to replace the fluid removed and bring the CSF pressure up a bit which will prevent a headache developing.

You may leave the hospital after this rest period (day case patients only).

Further rest when you leave the hospital is important to prevent a post lumbar puncture headache. Try to avoid any strenuous exercise for example dog walking, shopping or gardening until the following day.

Drinking lots of fluid such as water and squash as well as some tea, coffee or caffeine containing cola will also help to prevent a low pressure headache.

Slight tenderness may be felt when the local anaesthetic has worn off, very rarely bruising and swelling may occur.

Eating and drinking. After this procedure, you may eat and drink as normal.

Getting about after the procedure. When your lumbar puncture is finished you will be asked to remain flat on the bed/couch to rest for 30 minutes, to allow your body to replace the fluid removed and bring the CSF pressure up a bit which will prevent a headache developing.

Leaving hospital. You can leave hospital after the rest period of 30 minutes (day case patients), but because of the small chance of a low pressure headache developing some time after the lumbar puncture it is advised that you do not drive yourself home afterwards, because you can’t lie down to relieve the headache. However, the actual time that you stay in hospital will depend on your general health, how quickly you are recovering from the procedure and your doctor’s opinion.

Resuming normal activities including work. You may return to work the following day. Your doctor will advise you on how quickly you can resume normal and more vigorous activity.

We will give you further information about any special measures you need to take after the procedure. We will also give you information about things to watch out for that might be early signs of problems (eg infection).

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Check-ups and results: You will be seen by a doctor in the out-patient clinic where the results of your tests will be discussed.

Significant, unavoidable or frequently occurring risks of this procedure

As with any procedure there can be side effects, but when performed for the right reasons lumbar puncture is very safe. The most common side effect is a headache occurring on standing (low pressure headache); this can occur 24 hours after the lumbar puncture. This risk of a headache, which can be 1 in every 50 patients, is greatly reduced by resting as suggested and drinking adequate fluids (at least one litre of water until the following day). Caffeine containing drinks (tea, coffee, colas) also help restore the pressure in the CSF system.

If your headache persists you will relieve it by lying down flat and taking some pain relief, for example paracetamol or ibuprofen.
If your headache continues for more than three days contact your GP who may prescribe other medication.

Alternative procedures that are available

Your doctor would have made the decision for you to have a Lumbar Puncture based on a physical examination MRI or CT head scan; there is no alternative that can provide the same diagnostic results.

Information and support

No other information available.

Local anaestheisa

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. 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, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.
Information about important questions on the consent form

1 Creutzfeldt Jakob Disease (‘CJD’)
We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 Photography, Audio or Visual Recordings
As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4 Use of Tissue
As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.info@addenbrookes.nhs.uk.
A lumbar puncture is requested mainly as a diagnosis for problems affecting the brain and spinal cord. If performed for abnormally high pressure, the benefits may include less headaches and improvement in other symptoms of raised pressure.

The most common side effect is a headache occurring on standing (low pressure headache); this can occur 24 hours after the lumbar puncture.

b) However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient:

The most common side effect is a headache occurring on standing (low pressure headache); this can occur 24 hours after the lumbar puncture.
Lumbar puncture

- Any extra procedures that might become necessary during the procedure such as:
  - Blood transfusion
  - Other procedure (please state)

The following information leaflet has been provided:

Lumbar Puncture

Version, reference and date: CF407, version 4, September 2019

Option [ ] or [ ] I have offered the patient information about the procedure but this has been declined.

This procedure will involve:
- General and/or regional anaesthesia
- Local anaesthesia
- Sedation
- None

Signed (Health professional): ____________________________ Date: ____________________________
Name (PRINT): ____________________________ Time (24hr): ____________________________
Designation: ____________________________ Contact/bleep no: ____________________________

Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1. Creutzfeldt Jakob disease (CJD)
   Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.
   - [ ] Yes
   - [ ] No

2. Photography, Audio or Visual Recording
   a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.
   - [ ] Yes
   - [ ] No

   b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.
   - [ ] Yes
   - [ ] No

3. Students in training
   I agree to the involvement of medical and other students as part of their formal training.
   - [ ] Yes
   - [ ] No

Patient safety – at the heart of all we do

Addenbrooke's Hospital | Rosie Hospital

File: in the procedures and consents section of the casenotes

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Consent Form

Lumbar Puncture

4 Use of Tissue
a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

☐ Yes ☐ No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

☐ Yes ☐ No

I have listed below any procedures that I do not wish to be carried out without further discussion.


I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient):

Name of patient (PRINT):

Date: D.D./M.M./Y.Y.Y.Y.

If signing for a child or young person; delete if not applicable.

I confirm I am a person with parental responsibility for the patient named on this form.

Signed: D.D./M.M./Y.Y.Y.Y.

Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness):

Name of witness (PRINT):

Address:

Date: D.D./M.M./Y.Y.Y.Y.
Consent Form

Lumbar Puncture

D Confirmation of consent

Confimation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): ........................................ Date: ...D.D./M.M./Y.Y.Y.Y...

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

Please initial to confirm all sections have been completed: ..............................................................

E Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): ................................................... Date: ...D.D./M.M./Y.Y.Y.Y...

Name (PRINT): ..............................................................

Or, please note the language line reference ID number: ..............................................................

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): .......................................................... Date: ...D.D./M.M./Y.Y.Y.Y...

Signed (Health professional): ......................................... Date: ...D.D./M.M./Y.Y.Y.Y...

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