Surname: ___________________ First name: ___________________ Date of birth: __________

**Lumbar Puncture Clarification Form**

**Planned procedure:** Lumbar puncture, i.e., extraction of cerebrospinal fluid (CSF)

- [ ] diagnostic lumbar puncture (extraction of approx. 5 ml of cerebrospinal fluid)
- [ ] therapeutic lumbar puncture

**Justification for intervention:**

Diagnosis regarding:
- Inflammation of the CNS (central nervous system) by pathogens (bacteria, viruses)
- Autoimmune inflammation of the CNS
- Cerebral haemorrhage not shown in a CT scan of the cranium

**Process:**

Cerebrospinal fluid is extracted using a thin needle inserted into the lumbar region between approximately the third and fourth lumbar vertebrae. Because the spinal cord only extends at most as far as the first lumbar vertebra, direct damage to the spinal cord is anatomically very unlikely.

After local disinfection, the skin and underlying tissue are desensitised with an analgesic. This is done by injecting a local anaesthetic (Xylocaine 1% or 2%).

The puncture can be performed while sitting or lying down (see picture).
Lumbar puncture is a technically simple and relatively safe analytical test. Nevertheless, there are a number of potential side effects and risks:

**Frequent:** Post-spinal headache: some patients experience headache, sometimes accompanied by dizziness and nausea, 1-2 days after a lumbar puncture. The symptoms can be alleviated by lying down and last several days, in rare cases up to two weeks. You should drink a lot during this time. In extreme cases, post-spinal headaches can also be treated with medication or by intervention.

**Rare:** Double vision, ringing of the ears, hearing impairment (hearing loss)

**Very rare:** Nerve root injury during insertion, triggering of inflammation (encephalitis) in the cerebrospinal fluid space, local infection with abscess formation, fluid effusion in the skull under the meninges (subdural hygroma).

**Patient risk factors:**
- [ ] Aggravating anatomical conditions
- [ ] Medications (anticoagulants, antiplatelet therapy, immunosuppressants)
- [ ] Diabetes
- [ ] Heart disease
- [ ] Lung disease
- [ ] Age
- [ ] Other

**Following the procedure:**
- [ ] Bed rest
- [ ] Monitoring
- [ ] Other

**Alternatives:**

**Special remarks:**

**Informed consent:**
I am not taking any anticoagulants (aspirin, Plavix, Marcoumar or Sintrom).
I am not aware of any allergies to local analgesics (local anaesthetics).
I was able to ask my questions and I agree to performance of the procedure.
I was given a comprehensive explanation regarding the necessity, process and possible complications of the aforementioned procedure by Dr _______________ and am in agreement.

Date ___________________ Patient's signature _______________ Doctor's signature _______________