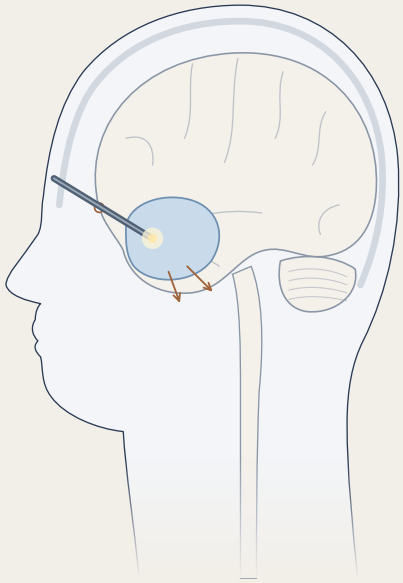
Professor Jason John Labuschagne
PAEDIATRIC AND ADULT NEUROSURGEON

PAEDIATRIC NEUROSURGERY

Arachnoid Cyst Fenestration

Information and consent for parents and guardians



This booklet explains arachnoid cysts and the operation to open (fenestrate) them. Please read it at home, in your own time, and write down anything you would like to ask. You will only be asked to sign the consent section once all of your questions have been answered and you feel ready.

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PATIENT DETAILS OR HOSPITAL LABEL

Child's name

Date of birth

Parent / guardian

Hospital / file no.

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Netcare Unitas Hospital
Room 403, Centurion

Nelson Mandela Children's Hospital
Private Suites, First Floor, 6 Jubilee Road, Parktown North

012 664 6026
HPCSA MP 0530077

01 General information

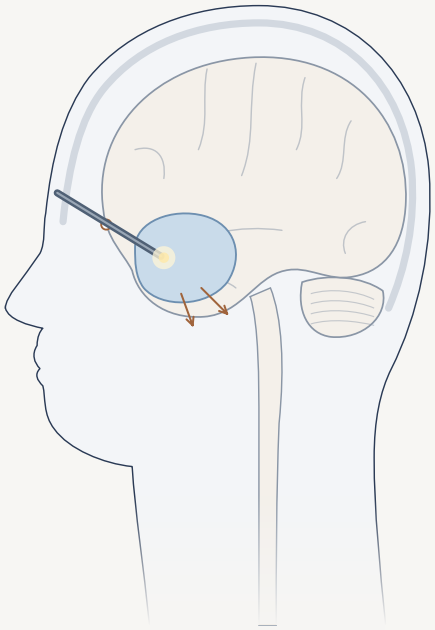
What is an arachnoid cyst?

An arachnoid cyst is a fluid-filled pocket within one of the thin membranes that cover the brain. It contains fluid similar to cerebrospinal fluid. Arachnoid cysts are usually present from birth and are most often found beside the temporal lobe, at the side of the head, but they also occur elsewhere, including near the base of the brain and at the back of the head.

Most arachnoid cysts cause no symptoms, are found by chance on a scan and never need treatment. Surgery is considered when a cyst causes symptoms, for example hydrocephalus, an enlarging head, raised pressure, a localised bulge of the skull, or problems linked to the area of brain it presses on, or when it is clearly enlarging.

What does the operation involve?

The aim is to open the cyst into the normal fluid spaces so that it can no longer build up pressure. Under a general anaesthetic, a small incision and a small opening in the skull are made over the cyst. Using an endoscope, or through a small craniotomy with the microscope, openings are made in the cyst wall, ideally into the fluid spaces at the base of the brain. Neuronavigation is used to plan the safest route. Occasionally a shunt from the cyst is needed instead, if fenestration is not possible or does not work.



An arachnoid cyst beside the temporal lobe. A fine endoscope is used to make openings in the cyst wall so that its fluid can drain into the normal fluid spaces.

02 Alternatives to surgery

- **Observation** with periodic scans, which is the right approach for most cysts without symptoms.
- **Microsurgical fenestration** through a small craniotomy, rather than endoscopically.
- **Cyst shunt**, draining the cyst to the abdomen; effective but leaves an implanted device that may fail.
- **No treatment**, if symptoms are mild or uncertain to be caused by the cyst.

03 What to expect during and following surgery

Before the operation

- Please tell us about any allergies, bleeding tendencies, medicines (including herbal remedies) and any recent cough, cold, fever or vomiting.
- The anaesthetist will see you before surgery and give clear instructions about when your child must stop eating and drinking.
- Bring a favourite toy, blanket or dummy; familiar things help enormously.
- Where the hospital allows, one parent may accompany their child into the anaesthetic room until they are asleep.

In hospital after the operation

Your child wakes up in the recovery room and returns to the ward once settled. Nurses will regularly check your child's level of alertness, pupils, breathing, heart rate, temperature and the wound, and may wake your child during the night to do this. This is routine and not a cause for worry.

- **Pain relief** is given regularly, first through the drip and then by mouth.
- **Eating and drinking** usually restart within hours, starting with small amounts.
- **Going home.** Most children go home after two to four days.

04 Risks and complications

Every operation carries some risk. Most children recover well, but it is important that you understand what can go wrong so that you can make an informed decision and recognise problems early. The risks are listed according to how often they occur; Professor Labuschagne will also discuss any risks particular to your child. The risks of the anaesthetic will be explained separately by the paediatric anaesthetist.

Common

●●●

- Headache, nausea and tiredness for a few days.
- A collection of fluid under the scalp, usually settling on its own.
- The cyst becoming smaller only partly on the scans, even when symptoms improve.

Less common

●●○

- **A fluid collection over the surface of the brain** (subdural hygroma), occasionally needing drainage.
- Recurrence of the cyst, requiring further surgery or a shunt.
- Leakage of fluid from the wound, infection or meningitis.
- Temporary double vision or a drooping eyelid from irritation of the nerves near the cyst wall.
- Seizures (fits).

Rare but serious

- Bleeding inside the cyst or over the brain.
- Injury to nearby nerves or blood vessels, causing lasting weakness, vision problems or stroke.
- Serious complications of anaesthesia, or death. These are very rare.

05 After the operation: what is normal

- A small wound and mild swelling on the side of the head.
- Headache and tiredness that improve over one to two weeks.
- Symptoms often improve gradually rather than immediately.

06 Recovery

- **Wound.** Keep it clean and dry until checked.
- **Activity.** Most children return to school after one to two weeks and avoid contact sport until reviewed.
- **Follow-up.** In the rooms at about six weeks and a scan after several months.

07 When to contact the rooms

Please contact the rooms the same day, or go directly to the nearest emergency department, if you notice:

- Headache that is severe, persistent or getting worse
- Repeated vomiting
- Unusual sleepiness, difficulty waking, marked irritability or poor feeding
- A tense, bulging fontanelle (in babies)
- A seizure (fit)
- Fever of 38 °C or higher
- Redness, swelling, discharge or clear fluid leaking from the wound
- New weakness, clumsiness or difficulty walking
- A squint, double vision or other change in vision
- Any change in behaviour that worries you

IN AN EMERGENCY

If your child is very drowsy, cannot be woken, is having a seizure that does not stop, or you are seriously worried, call an ambulance or go to the nearest emergency department immediately. Tell the staff about your child's operation and ask them to contact Professor Labuschagne. You know your child best: if something does not feel right, please call.

THE ROOMS · OFFICE HOURS

012 664 6026

Elective appointments and queries, office hours, for both Netcare Unitas Hospital and Nelson Mandela Children's Hospital

AFTER HOURS

After hours, call the hospital switchboard and ask for Professor Labuschagne: Netcare Unitas Hospital 012 677 8000 · Nelson Mandela Children's Hospital 010 133 0600

Emergency services: Netcare 911 · 082 911 | National ambulance · 10177

NETCARE UNITAS HOSPITAL

Room 403, Netcare Unitas Hospital
866 Clifton Avenue, Lyttelton, Centurion

NELSON MANDELA CHILDREN'S HOSPITAL

Private Suites, First Floor
6 Jubilee Road, Parktown North, Johannesburg

08 Consent

Informed consent is a conversation, not simply a signature. The National Health Act 61 of 2003 and the ethical guidelines of the Health Professions Council of South Africa (HPCSA) give every patient the right to be told, in a language they understand, about their condition, the treatment options available, the benefits, risks, costs and consequences of each, and the right to refuse treatment. You may withdraw your consent at any time before the operation.

For a child, consent is given by a parent or legal guardian. In terms of the Children's Act 38 of 2005 (section 129), a child aged 12 or older who is mature enough to understand the benefits, risks and implications of an operation may consent to it, provided that he or she is assisted by a parent or guardian. Younger children are encouraged to take part in the discussion and give their agreement where they can.

THE PROCEDURE

Procedure Endoscopic / microsurgical fenestration of arachnoid cyst Side / site _____

Condition, in the parent's own words _____

SPECIFIC PERMISSIONS

Blood transfusion, if needed during or after surgery	☐ I agree	☐ I do not agree
Tissue or fluid removed may be sent for laboratory examination	☐ I agree	☐ I do not agree
Anonymised images or results may be used for teaching and research (optional)	☐ Yes	☐ No

Questions I have discussed

Please write down any questions you asked and any particular concerns that were discussed.

My acknowledgement

Please tick each statement.

- ☐ I have read this document, or it has been read to me, and I understand it.
- ☐ Professor Labuschagne has explained my child's condition, the proposed procedure, its expected benefits, and the alternatives, including the option of no treatment.
- ☐ The risks and possible complications, including those particular to my child, have been explained in language I understand.
- ☐ I have had the opportunity to ask questions and raise concerns, and these have been answered to my satisfaction.
- ☐ I understand that no guarantee has been given about the outcome, and that the procedure may not improve, and could worsen, the condition.
- ☐ I understand that if an unexpected finding or a life-threatening event occurs during the procedure, the surgeon may carry out further treatment that is necessary to protect life or prevent serious harm.

- [ ] I understand that the anaesthetic will be explained by the anaesthetist, who will obtain consent for it separately.
- [ ] I understand that my medical scheme may not cover the full cost of treatment, that I am responsible for any shortfall, that separate accounts will be rendered by the hospital and the anaesthetist, and that a quotation is available on request.
- [ ] On the basis of the above, I request that my child undergo the procedure described.

PARENT OR LEGAL GUARDIAN

Full name _____ Relationship to child _____

Signature _____ Date and time _____

CHILD'S AGREEMENT (WHERE APPROPRIATE)

I have been told about my operation, I have been able to ask questions, and I agree to have it.

Child's name _____ Age _____

Signature _____ Date _____

SURGEON'S STATEMENT

I have explained the child's condition, the need for treatment, the proposed procedure and its expected benefits, the material risks including those specific to this child, the reasonable alternatives including no treatment, and the likely consequences if those risks occur. I have offered the opportunity to ask questions and have answered them as fully as possible.

Surgeon Professor Jason John Labuschagne HPCSA no. MP 0530077

Signature _____ Date and time _____

INTERPRETER (IF USED)

I have accurately interpreted the contents of this document and the discussion between the doctor and the parent or guardian.

Full name _____ Language _____

Signature _____ Date _____

WITNESS

Full name _____ Capacity _____

Signature _____ Date _____

A copy of this signed document will be kept in the medical record and a copy offered to the parent or guardian. Personal information is processed in accordance with the Protection of Personal Information Act 4 of 2013. · Professor Jason John Labuschagne · HPCSA MP 0530077 · Version 1.0 · October 2026