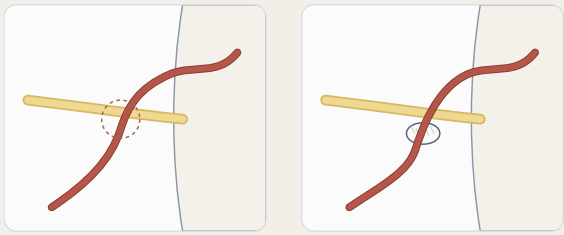
Professor Jason John Labuschagne
PAEDIATRIC AND ADULT NEUROSURGEON

FUNCTIONAL NEUROSURGERY

Microvascular Decompression

Patient information and consent



This booklet explains microvascular decompression, an operation for trigeminal neuralgia and hemifacial spasm caused by a blood vessel pressing on a nerve. Please read it with your family, write down your questions and bring it to your consultation. You will be asked to sign the consent section only once you understand the proposed treatment and are satisfied that your questions have been answered.

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PATIENT DETAILS OR HOSPITAL LABEL

Patient name

Date of birth

ID / file no.

Procedure date

Version 1.0 · October 2026

Netcare Unitas Hospital
Room 403, Centurion

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

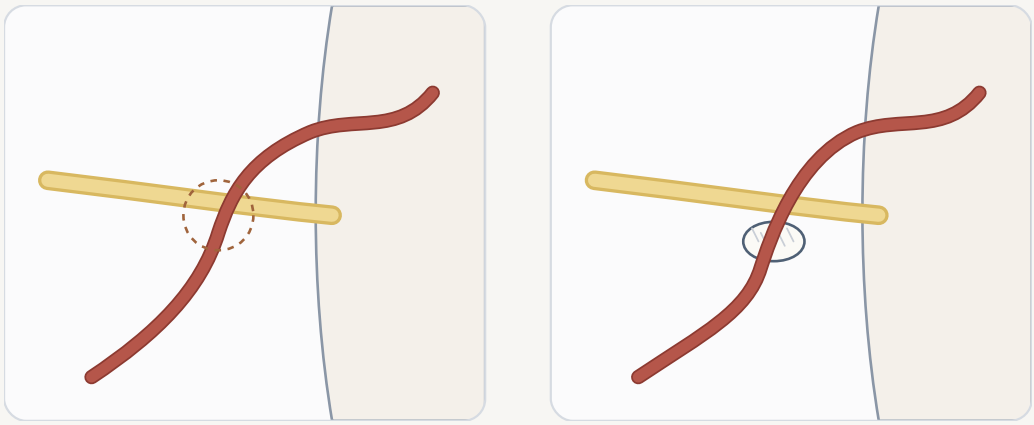
012 664 6026
HPCSA MP 0530077

01 General information

What conditions does it treat?

- **Trigeminal neuralgia**: sudden, severe, electric-shock-like pain in the face, triggered by touch, eating, talking or a breeze.
- **Hemifacial spasm**: involuntary twitching of the muscles of one side of the face.
- Less commonly, glossopharyngeal neuralgia, which causes similar pain in the throat and ear.

In many patients, the cause is a small artery, or sometimes a vein, pressing against the nerve where it leaves the brainstem. The constant pulsation wears the insulating layer of the nerve and makes it misfire. An MRI is used to look for this contact and to exclude other causes.



Left: an artery loop pressing on the nerve near the brainstem. Right: the artery is moved away and a small soft pad keeps it apart from the nerve.

How is the operation performed?

Under a general anaesthetic, you lie on your side or back with the head turned. A curved or straight incision is made behind the ear and a small opening, about the size of a large coin, is made in the skull (a retrosigmoid craniotomy). Using the microscope or endoscope, the cerebellum is gently relaxed to reach the nerve. The compressing vessel is lifted off the nerve and kept away with a small pad of Teflon felt or a sling. Monitoring of hearing and facial nerve function is used during the operation. The dura is closed, and the bone opening is repaired.

MVD is the only treatment for trigeminal neuralgia that addresses the cause while preserving normal sensation. Most patients have immediate pain relief, and many remain free of pain for many years.

02 Alternatives to surgery

- **Medication**, such as carbamazepine or oxcarbazepine, which is the first treatment and may control pain for long periods.

- **Gamma Knife radiosurgery**, which avoids an operation; pain relief takes weeks to months and facial numbness may develop.
- **Percutaneous procedures** (balloon compression, glycerol or radiofrequency rhizotomy) through a needle in the cheek, which are quick but usually cause some numbness and pain often returns.
- **Botulinum toxin injections** for hemifacial spasm, repeated every few months.

03 What to expect during and following surgery

Before admission

- Tell us about any bleeding or clotting problems, recent illness, allergies and all medicines, including herbal remedies.
- Blood-thinning medicines (for example warfarin, aspirin, clopidogrel or the newer anticoagulants) and anti-inflammatories usually need to be stopped before surgery. Please follow the specific instructions you are given and do not stop any medication without advice.
- You will usually be admitted on the day of surgery or the day before, and must not eat from midnight before surgery, or as instructed by the anaesthetist.

In hospital

You wake up in the recovery room and are then transferred to the ward, or to a high-care or intensive care unit for the first night. Nurses will regularly check your pulse, blood pressure, limb strength, pupils and level of alertness to detect any change early, and you will be woken for these checks during the first night.

- You will have regular pain relief and anti-nausea medicine.
- A drip and sometimes a urinary catheter are usually removed within a day or so.
- You will be encouraged to sit out of bed and walk on the day after surgery.
- Dizziness and nausea are common for a day or two.
- **Going home.** Most patients go home after two to four days.

04 Risks and complications

All surgery carries risk. Most patients do not experience serious complications, but it is important that you understand what can happen. The list is not exhaustive; Professor Labuschagne will discuss the risks that apply particularly to you. The risks of the anaesthetic will be explained separately by the anaesthetist.

Common

- Headache, neck stiffness and nausea for several days.
- Wound pain and numbness behind the ear.

Less common

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- **Hearing loss** on the side of surgery.
- **Spinal fluid leak** from the wound or through the nose (via the air cells behind the ear), which may need further surgery.
- **Facial numbness** or weakness, which is usually temporary.
- Double vision, usually temporary.
- Unsteadiness or dizziness.
- Chemical or bacterial meningitis.
- **Pain or spasm not relieved**, or returning later.

Rare but serious

●○○

- Bleeding or swelling around the cerebellum or brainstem, which may need urgent surgery.
- Stroke.
- Complete deafness on the side of surgery.
- Coma or death. These are rare.

05 After the operation: what is normal

- Headache and neck discomfort that improve over one to two weeks.
- For hemifacial spasm, twitching may take weeks to months to settle.
- Some patients continue medication for a short period, reduced under supervision.

06 Recovery

- **Wound.** Stitches are removed at about ten days.
- **Activity.** Gradual return to normal activities; most people return to work in three to six weeks. Avoid flying for about two weeks.
- **Driving.** When comfortable and no longer taking strong painkillers, usually after about four weeks.
- **Follow-up.** In the rooms at about six weeks.

07 When to contact the rooms

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

- Severe or worsening headache
- Fever or neck stiffness
- Clear fluid from the wound or a watery drip from the nose
- Increasing drowsiness or confusion
- Persistent vomiting or severe dizziness
- New weakness, numbness or unsteadiness
- Difficulty swallowing or speaking
- Calf pain, chest pain or shortness of breath

IN AN EMERGENCY

If you have a seizure that does not stop, a sudden severe headache, collapse, chest pain or difficulty breathing, call an ambulance or go to the nearest emergency department immediately. Tell the staff about your recent operation and ask them to contact Professor Labuschagne.

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.

If you are unable to give consent yourself, the National Health Act (section 7) allows consent to be given by a person you have authorised in writing or, failing that, by your spouse or partner, parent, grandparent, adult child or sibling, in that order.

THE PROCEDURE

Procedure Retrosigmoid craniotomy and microvascular decompression Side / site _____

Condition, in my 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 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 me, 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 I undergo the procedure described.

PATIENT

Full name _____ ID number _____

Signature _____ Date and time _____

If the patient is unable to consent: person consenting on the patient's behalf (National Health Act, section 7)

Full name _____ Relationship _____

Signature _____ Date and time _____

SURGEON'S STATEMENT

I have explained the patient's condition, the need for treatment, the proposed procedure and its expected benefits, the material risks including those specific to this patient, 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 patient.

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 patient. 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