Professor Jason John Labuschagne
PAEDIATRIC AND ADULT NEUROSURGEON

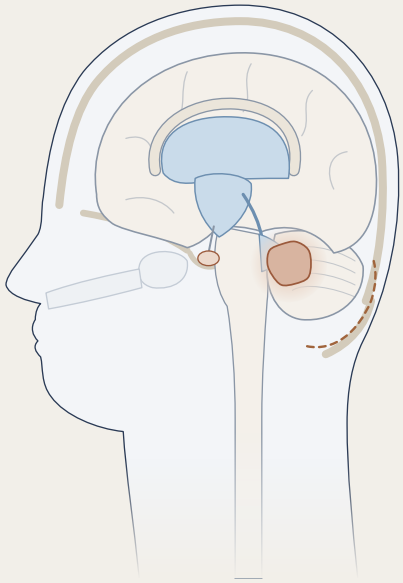
PAEDIATRIC NEUROSURGERY

Posterior Fossa Tumour in a Child

Information and consent for parents and guardians

This booklet explains tumours at the back of the brain in children and the operation to remove them. We understand that this is a very difficult time for your family; please ask anything, as often as you need to.

1	General information	2
2	Alternatives to surgery	2
3	What to expect during and following surgery	3
4	Risks and complications	3
5	After the operation: what is normal	4
6	Recovery	4
7	When to contact the rooms	5
8	Consent	6



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 a posterior fossa tumour?

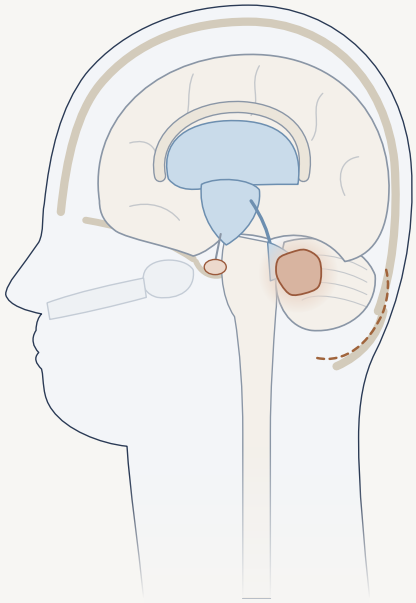
The posterior fossa is the space at the back and base of the skull containing the cerebellum, which controls balance and coordination, and the brainstem, which controls vital functions such as breathing, swallowing and consciousness. In children, more than half of all brain tumours arise here. The most common types are pilocytic astrocytoma, medulloblastoma and ependymoma; brainstem gliomas also occur.

These tumours often block the flow of cerebrospinal fluid and cause hydrocephalus, producing morning headaches, vomiting and drowsiness. Other symptoms include unsteadiness, clumsiness, double vision and a head tilt. Before surgery your child may be given steroid medication to reduce swelling.

What does the operation involve?

Under a general anaesthetic, your child is positioned face down with the head held securely. An incision is made at the back of the head and a section of bone is lifted (a suboccipital craniotomy). Using the operating microscope, neuronavigation and, where helpful, monitoring of the brainstem and cranial nerves, the tumour is removed as completely as is safely possible. If it is stuck to the brainstem or vital nerves or vessels, a small part may be left to avoid causing serious harm. The bone is replaced and the wound closed.

Hydrocephalus may be managed before, during or after the operation with a temporary external drain, an endoscopic third ventriculostomy (ETV) or, if needed later, a shunt. The tumour tissue is examined in the laboratory, including molecular tests, and your child's care is planned with the paediatric oncology team at a multidisciplinary meeting.



A tumour at the back of the brain, blocking the fluid pathways and enlarging the ventricles. The dashed line shows the area of bone opened at the back of the head.

02 Alternatives to surgery

- **Biopsy only**, if the tumour cannot be removed safely or if the scans suggest a tumour type best treated without removal.
- **Treatment of hydrocephalus alone** at first, followed by planned surgery.
- **Radiotherapy and/or chemotherapy** without surgery, for specific tumour types such as some brainstem gliomas.
- **Supportive (palliative) care**, focused on comfort, if active treatment is not in your child's best interests.
- **No treatment.** Most posterior fossa tumours causing symptoms are life-threatening without treatment.

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.
- An MRI of the brain and whole spine is performed, and blood is cross-matched in case a transfusion is needed.

In hospital after the operation

Your child wakes up in the recovery room and returns to the ward once settled. Some children spend the first night in a high-care or paediatric intensive care unit (PICU) for closer monitoring. 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.
- **Intensive care.** Most children spend the first night or more in the PICU.
- **A post-operative MRI** within a few days shows how much tumour has been removed.
- **Swallowing and speech** are assessed before your child eats and drinks normally; a feeding tube is sometimes needed for a time.
- **Rehabilitation.** Physiotherapy, occupational and speech therapy begin early.
- **Going home.** The length of stay varies widely, commonly one to two weeks.

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

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- Headache, neck pain and stiffness, nausea and vomiting.
- Temporary unsteadiness, clumsiness or double vision.
- **Hydrocephalus** persisting after surgery, needing an ETV or shunt.
- Side effects of steroids, such as mood changes and increased appetite.

Less common

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- **Posterior fossa syndrome (cerebellar mutism)**: one to several days after surgery, some children lose speech and become irritable, withdrawn and floppy. It improves gradually over weeks to months, but recovery may be incomplete. It is most often seen after removal of tumours in the midline.
- Difficulty swallowing, weakness of the face or changes in eye movements.
- Leakage of spinal fluid from the wound or a collection under the skin.
- Wound infection or meningitis.
- Incomplete removal of the tumour, or regrowth, needing further treatment.

Rare but serious

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- Bleeding at the operation site requiring a return to theatre.
- Injury to the brainstem, with lasting problems in breathing, swallowing, movement or consciousness, possibly requiring long-term ventilation or a feeding or breathing tube.
- Stroke.
- Serious complications of anaesthesia, or death. These are very rare.

RISKS PARTICULAR TO MY CHILD'S TUMOUR (TO BE COMPLETED BY PROFESSOR LABUSCHAGNE)

05 After the operation: what is normal

- Neck stiffness and headache for several weeks.
- Tiredness, mood changes and disturbed sleep, partly due to steroids.
- Some unsteadiness while walking, improving with physiotherapy.
- A scar at the back of the head and upper neck.

06 Recovery

- **Results and further treatment.** The final laboratory diagnosis may take one to three weeks. Radiotherapy and/or chemotherapy may be recommended; the oncology team will guide this.
- **Wound.** Keep it clean and dry until checked.
- **Rehabilitation and school.** Return to school is gradual and planned with your child's team.
- **Follow-up.** Regular MRI scans and review in the rooms and the multidisciplinary clinic for several years.

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
- Difficulty swallowing or breathing

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 Suboccipital craniotomy for removal of posterior fossa tumour 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