




SW9036

 **Queensland Government**

Bronchoscopy +/- Biopsy

Facility: _____

(Affix identification label here)

URN: _____

Family name: _____

Given name(s): _____

Address: _____

Date of birth: _____ Sex: M F I

A. Interpreter / cultural needs

- An Interpreter Service is required? Yes No
- If Yes, is a qualified Interpreter present? Yes No
- A Cultural Support Person is required? Yes No
- If Yes, is a Cultural Support Person present? Yes No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....
This condition requires the following procedure.
(Doctor to document - include site and/or side where relevant to the procedure)

.....
The following will be performed:

The doctor uses a soft, thin, flexible fibre-optic tube (bronchoscope) to look at the vocal chords and airways. It will be passed through the mouth or nose down through the vocal chords and into the airways. Some of the following tissue samples are frequently taken and sent for testing in the laboratory.

Doctor to tick which samples may be taken:

- Endo-bronchial biopsy: A small tissue sample is taken from the inside lining of the air tubes.
- Bronchial brushings: A small brush is passed over the inside lining of the air tubes.
- Bronchial washings: A small amount of fluid is put into the bronchial tubes and sucked back through the bronchoscope into a specimen jar.
- Trans-bronchial lung biopsy: A sample of lung tissue is taken from the outer parts of the lung.
- Trans-bronchial needle aspiration: A needle is passed through the wall of the bronchus to take tissue samples from outside the wall.
- Trans-tracheal needle aspiration: A needle is used to aspirate a lymph node or other structure outside the lungs.
- Broncho-alveolar lavage: Fluid (about 1 cupful) is put into a single small air tube in the lung then sucked back up into a specimen jar. This collects cells from the air sacs of the lung.

C. Risks of a bronchoscopy +/- biopsy

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead. This is a very complicated assessment.

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%) include

- Low oxygen levels. You will be given oxygen.
- Collapsed lung (Pneumothorax). You may need a tube inserted between the ribs to reinflate the lung. This may require a longer stay in hospital. Rarely, this can happen up to 24 hours after trans-bronchial biopsy or bronchial brushings.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.

Uncommon risks and complications (1- 5%) include

- Heart problems. A brief minor strain may be put on the heart. This can cause abnormal beating of the heart. It rarely causes fluid to collect in the lungs or a heart attack.
- Bleeding. This can happen after biopsies. It is usually minor and settles quickly. If the bronchoscope is passed through the nose then bleeding from the nose may occur. Bleeding is more common if you have been taking blood thinning medication such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Asthma like reactions. The air tubes can be narrowed due to irritation by the procedure. This is usually treated with asthma medication.

Rare risks and complications (less than 1%) include

- Narrowing of vocal cords (Laryngospasm). This is usually brief and rarely a problem.
- Fever. This is treated with paracetamol (Panadol).
- Death as a result of this procedure is rare.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*



Bronchoscopy +/- Biopsy

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- About Your Anaesthetic
- Bronchoscopy +/- Biopsy

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

I request to have the procedure

Name of Patient:

Signature:

Date:

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD:

No ▶ Name of Substitute Decision Maker/s:
Signature:
Relationship to patient:

Date: PH No:

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:

Designation:

Signature:

Date:

I. Interpreter's statement

I have given a sight translation in

.....
(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

Consent Information - Patient Copy Bronchoscopy +/- Biopsy

1. What is a bronchoscopy +/- biopsy?

The doctor uses a soft, thin, flexible fibre-optic tube (bronchoscope) to look at the vocal chords, airways and the lungs. Small samples of tissue and cells may be removed and sent for tests.

Your nose and throat will be sprayed with a local anaesthetic to make it numb. You may be given a sedative drug by injection in a vein to make you feel more comfortable. Sometimes you will not remember having the bronchoscopy because of the sedative.

The bronchoscope will be passed through the mouth or nose down through the vocal chords and into the airways. More local anaesthetic is used to numb the air tubes. The bronchoscope does not stop your normal breathing. You may cough but this normally settles once the local anaesthetic takes effect.

How are tissue samples taken?

If tissue samples are taken, they are sent to Pathology for testing. It may take a few days before a result is obtained.

These are some of the samples that can be taken:

Endo-bronchial biopsy: A small tissue sample is taken from the inside lining of the air tubes.

Bronchial brushings: A small brush is passed on the inside lining of the air tubes.

Bronchial washings: A small amount of fluid is put into the bronchial tubes and sucked back through the bronchoscope into a specimen jar.

Broncho-alveolar lavage: Fluid (about 1 cupful) is put into a single small air tube and sucked back up into a specimen jar. This collects cells from the air sacs of the lung.

Trans-bronchial needle aspiration: A needle is passed through the wall of the bronchus to take samples from outside the wall.

Trans-tracheal needle aspiration: A needle is used to aspirate a lymph node or other structure outside the lungs.

Trans-bronchial lung biopsy: A sample of lung tissue is taken from the outer parts of the lung.

2. My anaesthetic

This procedure will require an anaesthetic.

See **About your Anaesthetic information sheet** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor. *If you have not been given an information sheet, please ask for one.*

3. What are the risks of this specific procedure?

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead. This is a very complicated assessment.

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%) include:

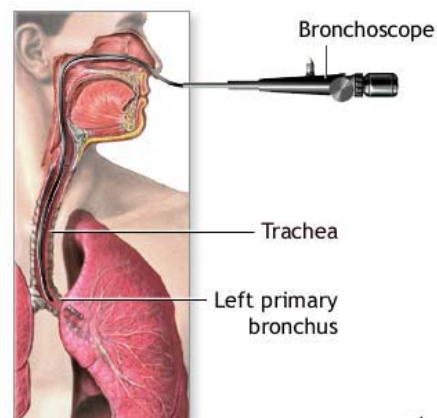
- Low oxygen levels. You will be given oxygen.
- Collapsed lung (Pneumothorax). You may need a tube inserted between the ribs to reinflate the lung. This may require a longer stay in hospital. Rarely, this can happen up to 24 hours after trans-bronchial biopsy or bronchial brushings.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.

Uncommon risks and complications (1- 5%) include:

- Heart problems. A brief minor strain may be put on the heart. This can cause abnormal beating of the heart. It rarely causes fluid to collect in the lungs or a heart attack.
- Bleeding. This can happen after biopsies. It is usually minor and settles quickly. If the bronchoscope is passed through the nose then bleeding from the nose may occur. Bleeding is more common if you have been taking blood thinning medication such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Asthma like reactions. The air tubes can be narrowed due to irritation by the procedure. This is usually treated with asthma medication.

Rare risks and complications (less than 1%) include:

- Narrowing of vocal cords (Laryngospasm). This is usually brief and rarely a problem.
- Fever. This is treated with paracetamol (Panadol).
- Death as a result of this procedure is rare.



ADAM.