



SW9314



Renal Transplant Biopsy (Percutaneous Renal 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)*

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

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The following will be performed:

Ultrasound will be used to locate the kidney.

A biopsy needle will be put into the kidney to take a piece of the kidney. This may be done several times to obtain a good sample.

Following the procedure you must lie in bed for 6 hours or until seen by the Doctor. You may pass blood in your urine after the biopsy.

You will be asked to collect samples of your urine so that the amount of blood you pass can be measured.

C. Risks of a renal transplant biopsy (percutaneous renal biopsy) procedure

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

General risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Death as a result of this procedure is possible.

Specific risks:

- A small amount of pain at the site of the biopsy – this is common.
- The kidney may continue to bleed from the biopsy site. In most people, this will stop without further treatment. Heavy blood loss including bleeding

around the kidney or passing blood clots in the urine happens to less than 1 in 100 biopsies.

- Blood transfusion can be needed in about 1 in 50 to 1 in 200 people, because of blood loss.
- Extremely rare is puncture of other organs and development of a large blood clot. On very rare occasions, another procedure may be needed to stop the bleeding.
- There is a small risk that the kidney may need to be removed if the bleeding cannot be stopped any other way. This can happen to 1 in 1000 to 1 in 1500 people.

D. Significant risks and procedure options

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

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E. Risks of not having this procedure

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

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F. Anaesthetic

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

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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:

- Local Anaesthetic & Sedation for your Procedure**
- Renal Transplant Biopsy (Percutaneous Renal Biopsy)**
- Blood & Blood Products Transfusion**

- 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

