



SW9038



Intercostal Catheter Insertion

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 site where the chest tube goes is numbed with an injection of local anaesthetic. A small cut is made into the skin and tissue so that the chest tube can be placed into the pleural space.

The chest tube is joined to a drainage tube and bottle. Stitches may be put into the skin to hold the chest tube in place.

The tube may be painful, especially when you move so you may require pain relief medication.

After the chest tube is inserted, a chest X-ray is taken to check that the tube is in the correct position.

C. Risks of an intercostal catheter insertion

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.

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:

- The chest tube may become kinked or blocked. Sometimes it needs to be repositioned or replaced.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.

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

- Infection. This may need treatment with antibiotics.

- Bleeding from damaged blood vessels in between the ribs.
- Irritation of the nerves between the ribs, which may cause pain or numbness in the chest.
- Congestion may occur in the lung after air or fluid is removed. You may feel short of breath soon after the chest tube is put in.

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

- The chest tube may damage the lung or damage other parts of the body. (For example the heart, the food pipe, the muscle under the lungs or the liver or spleen).
- Emergency surgery due to complications with the procedure.
- 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.)

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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 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.
- 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

Intercostal Catheter Insertion

- 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 Intercostal Catheter Insertion

1. What is an intercostal catheter?

An intercostal catheter (ICC) or chest tube is put in between the ribs into the space located between the lung and the chest wall (pleural space). The chest tube drains the air or fluid from the pleural space.

Your medical condition will determine the position of the chest tube eg, in the armpit, in the back of the chest or in the front of the chest below the collarbone.

You will have the following procedure:

The area where the chest tube goes is numbed with an injection of local anaesthetic. A small cut is made into the skin and tissue. A tunnel is made through the tissue so the chest tube can be placed into the pleural space.

The chest tube is joined to a drainage tube and bottle. Stitches may be put into the skin to hold the chest tube in place. A dressing is put on to cover the area.

The tube may be painful, especially when you move so you may require pain relief medication.

After the tube is put in, a chest X-ray is taken to check that the tube is in the correct position.

What happens while the chest tube is in?

The chest tube is connected to a drainage bottle that has some water in it.

If the chest tube is inserted because there is air in the pleural space, you will see the water in the drainage tube moving and you will see bubbles in the water in the bottle. This is normal. This shows that the tube is working and that air is draining from the chest.

If the chest tube is inserted because there is fluid in the pleural space, you will see fluid drain via the tube into the drainage bottle. Sometimes the drainage bottle is connected to a suction valve on the wall. This helps suck out the air or fluid.

Please tell the staff if you have any pain or shortness of breath ('feeling puffed').

When is the chest tube (ICC) removed?

The tube is removed when air has stopped draining from the chest or when the amount of fluid draining from the chest has reduced or stopped.

How is the chest tube (ICC) removed?

Your doctor or nurse will tell you how to breathe while the tube is pulled out of the pleural space. Some stitches may be needed to close the wound.

A chest X-ray is done after the tube has been removed. The doctor will tell you when the stitches are to come out and when to take the dressing off.

The wound and dressing are to be kept dry for 2 days.

Does a chest tube (ICC) always resolve the problem?

The chest tube may block and may need to be replaced. If the air leak from the lung continues or the fluid remains, additional procedures may be required. Your doctor will talk to you about what can be done if this happens.

2. My anaesthetic

This procedure will require an anaesthetic.

See **Local Anaesthetic and Sedation for Your Procedure 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.

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

- The chest tube may become kinked or blocked. Sometimes it needs to be repositioned or replaced.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.

Uncommon risks and complications (1- 5%) include

- Infection. This may need treatment with antibiotics.
- Bleeding from damaged blood vessels in between the ribs.
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- Congestion may occur in the lung after air or fluid is removed. You may feel short of breath soon after the chest tube is put in.

Rare risks and complications (less than 1%) include

- The chest tube may damage the lung or damage other parts of the body. (For example the heart, the food pipe, the muscle under the lungs or the liver or spleen).
- Emergency surgery due to complications with the procedure.
- Death as a result of this procedure is rare.

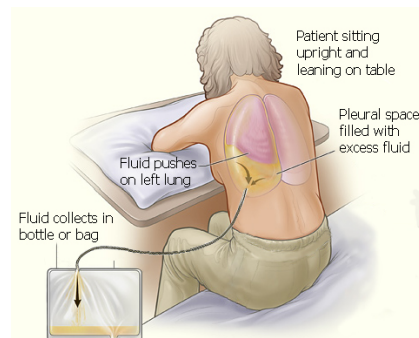


Fig 1. National Heart, Lung and Blood Institute