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Queensland Government

Arthrogram

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. Procedure

The following will be performed *(Doctor to document - include site and/or side where relevant to the procedure)*

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An Arthrogram is a procedure that injects Contrast into a joint. The Contrast injection is done with guidance from imaging machines such as ultrasound, or x-ray.

After the injection of Contrast, further pictures are then taken with CT, MRI or x-ray.

This procedure may require the use of a local anaesthetic.

C. Risks of an arthrogram

In recommending an Arthrogram, the doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:

- Bleeding or bruising may occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

Less common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- Inflammation of the joint, resulting in an increase of fluid in and around the joint.
- An allergy to injected drugs, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

- An increased lifetime cancer risk due to the exposure to x-rays (for CT and x-ray only).
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.

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PROCEDURAL CONSENT FORM

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Queensland Government

Arthrogram

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

D. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

- the risks and complications, including the risks that are specific to me.
- the sedation/anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
- a doctor/doctor delegate undergoing further training may conduct this procedure.

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

☐ **Arthrogram**

☐ **Ultrasound** *& OR*

☐ **CT** *& OR*

☐ **MRI** *& OR*

- I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. 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/doctor delegate.
- 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.
- I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

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)

E. Doctor/delegate Statement

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

Name of Doctor/delegate: .....

Designation: .....

Signature: ..... **Date** .....

F. 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** .....

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Consent Information - Patient Copy
Arthrogram

1. What is an Arthrogram?

An Arthrogram is a procedure that injects Contrast into a joint. The Contrast injection is done with guidance from imaging machines such as ultrasound, or x-ray.

After the injection of Contrast, further pictures are then taken with CT, MRI or x-ray.

For more information on the imaging methods used for an arthrogram and the risks involved in their use, please read the **Patient Information Sheets** for the imaging method you are booked for – **Ultrasound and/or MRI or CT** *(if you do not have the information sheet please ask)*.

2. Will there be any discomfort, is any anaesthetic needed?

This procedure may require the injection of a local anaesthetic. It is used to prevent or relieve pain, but will not put you to sleep.

3. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your procedure.

- Please tell the staff if you are or suspect you might be pregnant.
- *If you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin) or any other drug that is used to thin your blood* ask your doctor/health practitioner if you should stop taking it before the procedure as it may affect your blood clotting.
- *List or bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements.*
- *Do not drink any alcohol* and *stop recreational drugs* 24 hours before the procedure as these may alter the affects of the sedation anaesthetic. If you have a drug habit please tell your doctor.

4. During the procedure

Pictures of the joint will be taken.

The Radiologist (x-ray doctor) may inject local anaesthetic.

Using imaging as a guide the needle will be inserted into your joint. You must remain as still as possible.

When the needle is in the correct place the Contrast will be injected. The needle is taken out and a dressing will be applied to the puncture site.

5. After the procedure

Staff will discuss with you what level of activity is suitable after your procedure.

6. What are the risks of this specific procedure?

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:

- Bleeding or bruising may occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

Less common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- Inflammation of the joint, resulting in an increase of fluid in and around the joint.
- An allergy to injected drugs, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

- An increased lifetime cancer risk due to the exposure to x-rays (for CT and x-ray only).
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is *very* rare.

7. What are the safety issues when you leave the hospital?

Take care not to bump the area that has been numbed with the local anaesthetic.

Go to your nearest Emergency Department or GP if you become unwell or have;

- pain, unrelieved by simple pain killers
- continuous bleeding or swelling at the puncture site
- redness or inflammation at the puncture site
- reduced mobility in the joint
- fever
- other warning signs the doctor may have asked you to be aware of.

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Consent Information - Patient Copy
Ultrasound

1. What is an Ultrasound?

Ultrasound scans assess internal organs and help to diagnose a variety of conditions. They are also performed to assess disease in the arteries or veins.

An Ultrasound machine is made up of a console containing a computer, a display screen and a probe (transducer). The probe is a small hand-held device that resembles a microphone.

Ultrasound pictures are produced by passing ultrasonic (high frequency) soundwaves into the area being scanned.

Ultrasound does not use x-rays.

2. Will there be any discomfort, is any anaesthetic needed?

An Ultrasound is a painless procedure. No anaesthetic is required.

If scanning is performed over an area of tenderness, you may feel pressure or minor discomfort from the probe.

3. Preparation for the procedure

There are different preparations required depending on the area of the body being scanned. The medical imaging department will give you instructions on how to prepare for your scan.

4. During the procedure

The lights in the room will be dimmed so that the pictures on the screen can be seen more clearly.

A gel will be applied to your skin over the area to be scanned. The gel allows the probe to slide easily over the skin and helps produce clearer pictures.

The probe will be moved back and forth slowly over the area of interest until the area is completely examined.

You could be asked to hold you breath or roll into different positions during the scan.

Once the scan is complete, the gel will be wiped off your skin.

The Ultrasound will take between 15 and 60 minutes. This time frame is dependent on what body part is being scanned and the type of investigation is required.

In some ultrasound studies, the probe is inserted into a natural opening in the body.

These procedures include:

- Transrectal Ultrasound where the probe is inserted into a man's rectum to view the prostate.
- Transvaginal Ultrasound where the probe is inserted into a woman's vagina to view the uterus and ovaries.

These procedures may cause minimal discomfort.

If you are having an intimate examination the staff will describe the procedure to you, and your verbal consent for this will be obtained.

A second staff member may also be in the room during these procedures.

5. What are the risks of this specific procedure?

There are no known risks from an ultrasound. It is considered to be a very safe procedure.

Notes to talk to my doctor/ health practitioner about:

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Consent Information - Patient Copy
CT- Computed Tomography

1. What is CT?

Computed Tomography (CT) or 'CAT' scans are special x-ray scans that produce cross-sectional pictures of the body using x-rays and a computer.

CT is used when your doctor needs more information than what an ordinary x-ray can provide.

The CT machine looks like a large doughnut with a narrow table in the middle. The table moves through the circular hole in the centre of the scanner.

2. Will there be any discomfort, is any anaesthetic needed?

A CT Scan is a painless procedure, no anaesthetic is required.

The CT machine is open at both ends so patients who are claustrophobic have little difficulty with this test.

3. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your scan.

- Please tell the staff if you are or suspect you might be pregnant or are breastfeeding.

4. During the procedure

You will be positioned on the CT table by a Radiographer. The Radiographer will not be in the room during the scan, but they will be able to see you and communicate with you through an intercom.

During the scan, you will hear a whirring or humming noise and you will feel the table move slowly through the CT scanner. You should remain as still as possible, as the slightest movement can blur the pictures.

For some scans, you will be asked to hold your breath for up to 20 seconds.

The whole procedure takes approximately 10 to 20 minutes depending on what part of the body is being scanned.

5. Contrast

You will sometimes be given contrast as part of your CT scan. Contrast allows your organs to be seen more clearly on x-rays. The Contrast can be given as a drink (oral contrast) and / or as an injection (Iodinated Contrast).

Oral Contrast is used to show the stomach and intestines more clearly.

Iodinated Contrast is used to show the organs and blood vessels of your body more clearly. A fine needle (IV cannula) will be put into a vein in your arm, making it possible to inject the Contrast. For more information on Iodinated Contrast and the risks involved in its use, please read the **Iodinated Contrast Patient Information Sheet** *(if you do not have this information sheet please ask for one).*

6. After the procedure

The IV cannula will be removed (if inserted).

7. What are the risks of this specific procedure?

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.

Less common risks and complications include:

- No known less common risks.

Rare risks and complications include:

- An increased lifetime cancer risk due to the exposure to x-rays.
- Death as a result of this procedure is *very* rare.

Notes to talk to my doctor/ health practitioner about:

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Consent Information - Patient Copy
Magnetic Resonance Imaging

1. What is MRI?

Magnetic Resonance Imaging (MRI) is an advanced imaging method that uses a strong magnetic field, radio waves and a computer to produce pictures of the body. MRI does not use x-rays.

MRI pictures are very detailed. They can show both bones and soft tissues in the body.

MRI Safety

- *No one* is permitted into the scanning room until they have answered a series of safety questions and removed all metal objects from your body. (eg jewellery, eyeglasses and mobile phones).
- Because of the strong magnetic field there will be some patients who cannot undergo an MRI. These are patients who have metallic implants. These include but are not limited to: heart pacemakers, aneurysm clips in the brain, and foreign bodies such as metal shavings in the eyes.
- It is vital that you answer the safety questions as correctly as possible. You should discuss any internal implants (of any kind) that you may have with MRI staff to clarify any possible risks.

2. Will there be any discomfort, is any anaesthetic needed?

An MRI Scan is a painless procedure, no anaesthetic is required.

Some people find that being inside the MRI machine makes them feel uncomfortable due to the confined space of the tunnel. This is known as 'claustrophobia'. If this occurs, let the staff know as there are many different ways they can help you.

Rarely, medication *may* be required to help you complete the scan. If you require medication for the scan please check the procedure with MRI staff.

3. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your procedure.

- Please tell the staff if you are or suspect you might be pregnant or are breastfeeding.

4. During the procedure

You will not feel anything during the scan. The radio waves used to take your pictures are *very* noisy; you may hear thumping, and knocking sounds. You will be provided with headphones or earplugs to protect your ears from the noise.

MRI staff will not be in the room with you during the scan but they will be able to see you and talk to you between the scans via an intercom. You will be given a call button to use if you need help.

The MRI scan will take between 15 and 90 minutes. It is extremely important that you keep completely still during the scan. Any movement can blur the pictures.

Depending on the area being scanned, you may be given MRI Contrast.

A fine needle (IV cannula) will be put into a vein in your arm, to inject the MRI Contrast.

For more information on MRI Contrast and the risks involved in its use, please read the **MRI Contrast Patient Information Sheet** *(if you do not have this information sheet please ask for one).*

5. After the procedure

The IV cannula will be removed (if inserted).

There are no known side effects or after effects of having a MRI.

6. What are the risks of this specific procedure?

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.

Less common risks and complications include:

- No known less common risks.

Rare risks and complications include:

- Death as a result of this procedure is *very* rare.

Notes to talk to my doctor/ Health practitioner about:

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