



SW9042



## Thoracoscopy Surgical (VATS) &/or other procedures

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 procedure may include any of the following:  
*(Doctor please tick)*

- Lung, Pleural, Lymphnode or Mediastinal Biopsy** – small amount of tissue is removed for diagnosis.
- Pleurodesis** – refers to the lung sticking to the inner surface of the chest wall by either using an irritant such as talc, abrasion by roughing up the inside of the pleura or pleurectomy, where the pleura is removed. These should prevent more fluid collecting in the space. The doctor will decide the best approach for you.
- Wedge Resection** – a small wedge shaped piece of lung is removed.
- Lobectomy** – removal of a lung lobe.
- Decortication** – removal of part or all of the outer surface of the lung. This is done to remove the lining of the space between the lung and chest wall which may have become thick and inelastic.

You will have the following procedure:

A Video Assisted Thoracoscopy (VAT) is where a small, narrow instrument with a viewing camera is put into the lungs. This allows the doctor to operate without making a large incision (key hole surgery).

You will have two or three 1cm cuts made between your ribs. One cut is for entry of the video camera, the other/s for entry of instruments used for the operation.

The cut is then closed. A chest tube is put (into one of the cuts) to allow the drainage of air and fluid that may build up in the space around the lung.

### C. Risks of a thoracoscopy surgical (VATS) &/or other procedures

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.

Almost all people will have pain and/or numbness at the puncture sites which spreads around under the breast.

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

- Prolonged air leak, which may need the chest tube to stay in longer.
- Fever. As a response to inflammation after a pleurodesis. Paracetamol is used to reduce this.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.

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

- Infection of the wound or the space around the lung. This will need antibiotics.
- 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).
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Adult Respiratory Distress Syndrome. This can be a result of infection, trauma or shock.

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

- Shortness of breath.
- Failure to find small lesions.
- Air embolism. An air bubble enters the blood stream from the lung. This can travel to the heart causing a heart attack or to the brain causing a stroke.
- Need for further surgery for treatment of infection, bleeding, prolonged air leak or failure of the lung to re-expand.
- Postoperative build up of fluid around the lung.
- Heart attack.
- Death as a result of this procedure is rare.



Queensland Government

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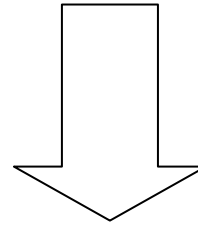
Sex:  M  F  I

## D. Significant risks and procedure options

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

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- This consent document continues on page 3 -



## 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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DO NOT WRITE IN THIS BINDING MARGIN



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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.
- 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**
- Thoracoscopy Surgical (VATS) &/or other procedures**
- 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:.....

# Consent Information - Patient Copy

## Thoracoscopy Surgical (VATS) &/or other procedures

### 1. What is a video assisted thoracoscopy surgical (VATS) &/or other procedures?

Video-Assisted Thoracoscopic surgery is where a small, narrow instrument with a viewing camera is put into the space around the lung. This allows the doctor to operate without making a large incision (key hole surgery).

The procedure may include any of the following:

- Lung, Pleural, Lymphnode or Mediastinal Biopsy** – small amount of tissue is removed for diagnosis.
- Pleurodesis** – refers to the lung sticking to the inner surface of the chest wall by either using an irritant such as talc, abrasion by roughing up the inside of the pleura or pleurectomy, where the pleura is removed. These should prevent more fluid collecting in the space. The doctor will decide the best approach for you.
- Wedge Resection** – a small wedge shaped piece of lung is removed.
- Lobectomy** – removal of a lung lobe.
- Decortication** – removal of part or all of the outer surface of the lung. This is done to remove the lining of the space between the lung and chest wall which may have become thick and inelastic.

You will have the following procedure:

You will have two or three 1 cm cuts made between your ribs. One cut is for entry of the video camera, the other/s for entry of instruments used for the operation.

With the video camera, the surgeon is able to view on a screen the lungs and instruments used to operate on your lung. The cut is then closed. A chest tube is put (into one of the cuts) to allow the drainage of air and fluid that may build up in the space around 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.

Almost all people will have pain and/or numbness at the puncture sites which spreads around under the breast.

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

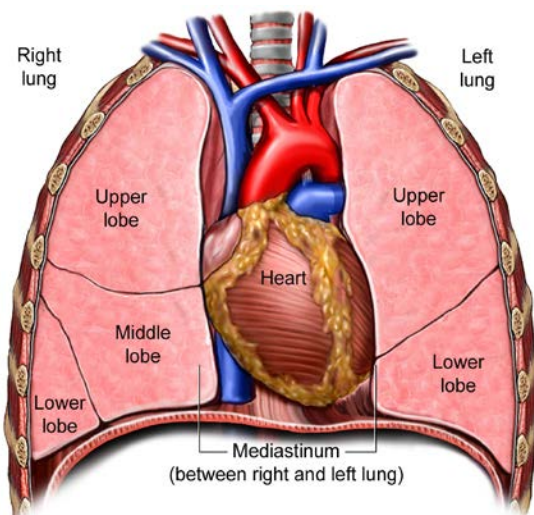
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- Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.

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

- Infection of the wound or the space around the lung. This will need antibiotics.
- 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).
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**Rare risks and complications (less than 1%)** include

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- Need for further surgery for treatment of infection, bleeding, prolonged air leak or failure of the lung to re-expand.
- Postoperative build up of fluid around the lung.
- Heart attack.
- Death as a result of this procedure is rare.



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