



V/Q Scan in Pregnancy

Facility: _____

(Affix identification label here)

URN: _____

Family name: _____

Given name(s): _____

Address: _____

Date of birth: _____

Sex: M F I

E. 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.
- that this diagnostic procedure is necessary as part of the management plan for my condition.
- 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:

V/Q Scan in Pregnancy

- 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)

F. Doctor/delegate Statement

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

Name of Doctor/delegate: _____

Designation: _____

Signature: _____ Date: _____

G. 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

V/Q Scan in Pregnancy

1. What is a V/Q Scan?

A V/Q scan uses small amounts of radioactive substances to see if you have a blood clot in the lungs. Blood clots in the lungs can be a very serious, life-threatening condition.

The amount of radioactive substance used in the study is reduced during pregnancy compared with a routine V/Q scan.

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

A V/Q scan is painless, no anaesthetic is required.

3. Precautions

Please tell the staff if you are breastfeeding. Temporarily stopping breastfeeding is recommended for 12 hours after the scan.

4. Preparation for the procedure

The nuclear medicine department will give you instructions on how to prepare for your procedure.

5. During the procedure

A needle (IV cannulae) will be put in your arm, making it possible to inject the radioactive substance.

The scan may be done in one or two stages;

1. The ventilation scan if done involves breathing in a radioactive substance called "Technegas". You will then have pictures taken lying on your back with your arms raised over your head.
2. The perfusion scan is then performed. The perfusion scan involves an intravenous injection of a radioactive substance. You will again have pictures taken lying on your back with your arms raised over your head.

The whole test takes around 90 minutes.

6. After the procedure

The IV cannulae will be removed after the scan is finished.

After your pictures have been reviewed by the nuclear medicine physician, your referring doctor will receive the report of the findings.

If you are an outpatient and the scan findings show that you have a blood clot/s in the lung/s then you may be admitted to hospital for treatment.

7. What are the risks of this procedure?

In recommending the V/Q scan the doctor believes the benefits to you and your baby 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:

- No known common risks.

Less common risks and complications include:

- No known less common risks.

Rare risks and complications include:

- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- An allergy to injected drugs may occur, requiring further treatment.
- Death as a result of this procedure is *very rare*.

8. Risks of radiation

The risks of radiation exposure from this scan needs to be compared with the risks of the blood clots in the lung not being treated. Untreated blood clots can be fatal.

Exposure to radiation may cause a slight increase in the risk of cancer to the mother and the unborn child over their lifetime.

In our general population, there is a risk that approximately 1 in 4 people (25%) will get a fatal cancer in their lifetime. Exposure to radiation from this test may increase that risk of cancer.

From this test the increased risk of cancer, from radiation, to the mother is around 1 person in 10 000 people (0.01%).

This means that your risk of developing cancer over your lifetime will increase from 25% to 25.01%.

From this test the increased risk of cancer, from radiation, to the unborn child is around 1 child in 38 000 children (0.003%).

This means that your child's risk of developing cancer over their lifetime will increase from 25% to 25.003%.

These numbers have been calculated for a study with ventilation and perfusion images using reduced activity of a tracer. It is sometimes possible that only the perfusion part of the study is required. If this is the case, the risk of developing cancer for you or your child is even lower.

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

There are no specific safety issues when you leave the hospital. However, please contact your GP or go to your nearest Emergency Department if you become unwell.

Notes to talk to my doctor/health practitioner about

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