



SW9043



Thoracoscopy

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:

A sedative drug may be injected into your vein to relax you. Sometimes you will not remember having the thoracoscopy because of the sedative. You will be given an injection of local anaesthetic into the skin and then into the muscle between your ribs. The doctor will make a small cut in the skin, and then place a hollow tube though this cut into the space between the lung and chest wall (pleural space). Sometimes a second cut may be needed.

The doctor will then insert a telescopic instrument through the hollow tube. The doctor will use this instrument to look around the pleural space and/or obtain pleural biopsies by removing small pieces of the lining of the pleural space. This may cause some pain. Pain relief may be injected into your vein before biopsies are taken to reduce this pain.

The doctor may gently spray sterile talc powder into the pleural space. This powder is used to create a sticking reaction between the lung and chest wall which may help prevent future fluid or air building up in the pleural space. At the end of the procedure you will have a chest tube put into the pleural space through the same incision.

C. Risks of a thoracoscopy

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:

- Chest pain. The nerves between the ribs are bruised after the procedure, which can cause some

persistent pain. This may be controlled with paracetamol.

- Fever. This happens if you have had talc sprayed. The fever goes away in a few days.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.

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

- Air leak from lung. A small hole develops in the lung. This means the chest tube has to stay in longer.

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

- Infection. A small chest tube will be put into the pleural space to drain out the infection. This will need antibiotics.
- Bleeding. This can happen after biopsies. Usually it is minor and settles quickly. 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).
- Heart problems. A brief minor strain may be put on the heart. This can cause abnormal beating of the heart, fluid to accumulate in the lungs, a heart attack, or the heart may stop beating.
- Low oxygen levels. You will be given oxygen.
- Adult Respiratory Distress Syndrome. This can happen after talc is sprayed in the pleural space. The talc powder may cause damage to both lungs which may cause severe breathing difficulty. This may start days after 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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.....



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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 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:

- Local Anaesthetic & Sedation for Your Procedure OR**
- About Your Anaesthetic**
- Thoracoscopy**

- 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

1. What is a thoracoscopy?

A thoracoscopy is an examination of the space between your lung and chest wall. The doctor uses a thin tube (pleuroscope) which is placed through the skin of your chest into the space between the lung and ribs (pleural space). This is to find the cause of fluid or air in the pleural space.

You will have the following procedure:

You will lie on your side during the procedure, and have a rolled up towel placed beneath your ribs. You may have a sedative drug injected into your vein to relax you. Sometimes you will not remember having the thoracoscopy because of the sedative.

The doctor injects local anaesthetic into the skin and then into the muscle between your ribs. The doctor will make a small cut in the skin, and then place a hollow tube through this cut into the space between the lung and ribs (pleural space). Sometimes a second cut may be needed.

The doctor will then insert a telescopic instrument through the hollow tube. The doctor will use this instrument to look around the pleural space or obtain pleural biopsies by removing small pieces of the lining of the pleural space. This may cause some pain. Pain relief may be injected into your vein before the biopsies are taken to reduce this pain.

The doctor may gently spray sterile talc powder into the pleural space. This powder is used to create a sticking reaction between the lung and ribs, which may help prevent future fluid or air building up in the pleural space.

The procedure does not stop your normal breathing. Often your breathing will feel more comfortable during the procedure after the fluid in the pleural space is sucked out.

At the end of the procedure you will have a chest tube coming out of the same incision. This drains any air or fluid from your pleural space.

2. My anaesthetic

This procedure will require an anaesthetic.

See **Local Anaesthetic and Sedation for your procedure OR 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.

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

- Chest pain. The nerves between the ribs are bruised after the procedure, which can cause some persistent pain. This may be controlled with paracetamol.
- Fever. This happens if you have had talc sprayed. The fever goes away in a few days.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.

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

- Air leak from lung. A small hole develops in the lung. This means the chest tube has to stay in longer.

Rare risks and complications (less than 1%) include

- Infection. A small chest tube will be put into the pleural space to drain out the infection. This will need antibiotics.
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- Low oxygen levels. You will be given oxygen.
- Adult Respiratory Distress Syndrome. This can happen after talc is sprayed in the pleural space. The talc powder may cause damage to both lungs which may cause severe breathing difficulty. This may start days after the procedure.
- Death as a result of this procedure is rare.

4. Before the procedure

- You must not eat or drink anything for at least six hours before the procedure.
- Bring your X-rays or CT scans with you.

5. After the procedure

- The chest tube may have to remain in your body for a few days.
- The chest tube causes some pain. Strong pain relieving drugs are sometimes needed.
- After you are discharged from hospital, you will need stitches removed from your wound.

You must contact your doctor or hospital if you have:

- Fever that does not go away.
- Ooze/discharge from the wound.

Contact the doctor or hospital IMMEDIATELY if you have shortness of breath.