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Queensland Government

Aspiration / Drainage under Imaging

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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A drainage or aspiration is a procedure that takes liquid from a pool of fluid (collection) in the body. A collection may contain clear fluid, pus or blood. Most collections are accessible through the skin.

An aspiration is where a needle is inserted into the collection and a sample is taken for testing at pathology.

Drainage is where a soft tube (drain) is inserted into a collection and left in place to drain the fluid until the collection is gone.

This procedure may require an injection of local anaesthetic. A sedative injection is *rarely* given.

C. Risks of the procedure

In recommending an Aspiration/Drainage, 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:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the puncture site. This may require medication.
- Bleeding or bruising may occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- The drain may become kinked or blocked and may need to be moved or replaced.
- 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.
- Excessive bleeding from the puncture site. This may require other treatment and/or corrective surgery.
- 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:

- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.

If sedation is to be given extra risks include:

- faintness or dizziness, especially when you start to move around
- fall in blood pressure
- nausea and vomiting
- Weakness
- an existing medical condition getting worse
- heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. This may require emergency treatment
- stroke resulting in brain damage

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DO NOT WRITE IN THIS BINDING MARGIN

PROCEDURAL CONSENT FORM

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Queensland Government

Aspiration / Drainage under Imaging

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.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- 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:

☐ **Aspiration/Drainage under Imaging**

☐ **CT** *OR*

☐ **Ultrasound**

- 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)

D. 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** .....

E. 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
Aspiration / Drainage under Imaging

1. What is an Aspiration / Drainage?

A drainage or aspiration is a procedure that takes liquid from a pool of fluid (collection) in the body. A collection may contain clear fluid, pus or blood. Most collections are accessible through the skin.

An aspiration is where a needle is inserted into the collection and a sample is taken for testing at pathology.

A drainage is where a soft tube (drain) is inserted into a collection and left in place to drain the fluid until the collection is gone.

These procedures performed in medical imaging are done with guidance from imaging machines such as ultrasound or CT. For more information on these imaging methods and the risks involved in their use, please read the **CT** or **Ultrasound Patient Information Sheet** *(if you do not have this information sheet please ask for one).*

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

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

A sedative injection is *rarely* given.

3. What is sedation?

Sedation is the use of drugs that give you a 'sleepy-like' feeling. It makes you feel very relaxed during a procedure that may be otherwise unpleasant or painful. You may remember some or little about what has occurred during the procedure.

This procedure may only have a light sedation. You need to be able to fully co-operate at times by holding your breath when instructed by the doctor.

Sedation is generally very safe but has a risk with side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

The risk to you will depend on:

- whether you have any other illness
- personal factors, such as whether you smoke or are overweight.

4. Preparation for the procedure

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

- You will be told when to have your last meal and drink. This is to make sure your stomach is empty so that if you vomit during the procedure there will be nothing to go into your lungs.
- 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.

5. During the procedure

A fine needle (IV cannula) may be inserted into a vein in your arm.

Pictures will be taken of the procedure site.

The doctor will inject local anaesthetic.

You must remain as still as possible. At times, you may be asked to hold your breath.

Using imaging as a guide the doctor will insert a needle. Once the needle is in the collection a sample will be taken for testing.

Aspiration:

The needle will be removed and a dressing applied.

Drainage:

A soft tube (drain) is then inserted into the collection.

The drain is connected to a drainage bag to collect the fluid and a dressing is applied.

6. After the procedure

The recovery time varies depending on the procedure, the site and the sedation given. It varies between 15 minutes to 6 hours.

The IV cannula will be removed after you have recovered.

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

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.
- Pain or discomfort at the puncture site. This may require medication.
- Bleeding or bruising may occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- The drain may become kinked or blocked and may need to be moved or replaced.

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- 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.
- Excessive bleeding from the puncture site. May require other treatment and/or corrective surgery.
- 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:

- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is *very* rare.

If sedation is to be given extra risks include:

- faintness or dizziness, especially when you start to move around
- fall in blood pressure
- nausea and vomiting
- weakness
- an existing medical condition getting worse
- heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. This may require emergency treatment
- stroke resulting in brain damage.

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

If a drainage tube has been left in, take care not to pull the tube. Notify staff or your GP if the tube has fallen out.

If you were sedated, this will affect your judgment for about 24 hours. For your own safety:

- Do NOT drive any type of car, bike or other vehicle.
- Do NOT operate machinery including cooking implements.
- Do NOT make important decisions or sign a legal document.
- Do NOT drink alcohol, take other mind-altering substances, or smoke. They may react with the anaesthetic drugs.
- Have an adult with you on the first night after your procedure.

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
- fever
- other warning signs the doctor may have asked you to be aware of.

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
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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