Queensland	(Affix identification label here)				
Government	URN:				
		Family name:			
Arthrogram (Image-Guided)	Given	name(s):			
Consent	Addres	SS:			
Facility:	Date o	f birth: Sex: M F I			
A. Does the patient have capacity to provide		C. Patient OR substitute decision-maker OR parent/	ĺ		
consent?		legal guardian/other person confirms the following procedure(s)			
Complete for ADULT patient only  ☐ Yes → GO TO section B		I confirm that the referring doctor/clinician has explained that I			
No → COMPLETE section A		have been referred for the following procedure:  Arthrogram (image-guided): Yes No			
	You must adhere to the Advance Health Directive (AHD),				
or if there is no AHD, the consent obtained from a subst decision-maker in the following order: Category 1. Tribu		Site/side of procedure:			
appointed guardian; 2. Enduring Power of Attorney; or					
Statutory Health Attorney.     Name of substitute decision-maker:					
Service assisted assisted makes					
Category of substitute decision-maker:		Name of referring doctor/clinician:			
Complete for CHILD/YOUNG PERSON patient only		D. Risks specific to the patient in having an arthrogram (image-guided)			
Yes Although the patient is a child/young person, the patient	it may	(Doctor/clinician to document additional risks not included in			
be capable of giving informed consent and having suffi- maturity, understanding and intelligence to enable them		the patient information sheet):			
fully understand the nature, consequences and risks of proposed procedure and the consequences of non-trea	the				
<ul> <li>- 'Gillick competence' (Gillick v West Norfolk and Wisb</li> </ul>					
Area Health Authority [1986] AC 112)  → GO TO section B					
No Parent/legal guardian/other person* with parental rights			<b>→</b>		
responsibilities to provide consent and complete this fo  COMPLETE section A	rm		AR R		
*Formal arrangements, such as parenting/custody orders, adoption, or			ᆂ		
other formally recognised carer/guardianship arrangements. Refer to the Queensland Health 'Guide to Informed Decision-making in Health Care	e'		0		
and local policy and procedures. Complete the source of decision-mak authority as applicable below.	irig		Ğ		
If applicable, source of decision-making authority (tick o	ne):	E. Risks specific to the patient in <i>not</i> having an arthrogram (image-guided)	HROGRAM		
<ul><li>☐ Court order</li><li>☐ Legal guardian</li><li>☐ Documentation verified</li></ul>		(Doctor/clinician to document specific risks in not having an			
Other person   Documentation verified		arthrogram [image-guided]):	(IMAGE-GUIDED)		
Name of parent/legal guardian/other person:			A		
			Ϊ́́		
Relationship to child/young person:			Ġ		
B. Is an interpreter required?			Ĭ		
Yes No			9		
If yes, the interpreter has:  provided a sight translation of the informed consent for	orm		CC		
in person	OHH	F. Alternative procedure options	CONSENT		
translated the informed consent form over the telepho	one	(Doctor/clinician to document alternative procedure not	E		
It is acknowledged that a verbal translation is usually a summary of the text on the form, rather than word-by-we translation.	ord	included in the patient information sheet):			
Name of interpreter:					
5					
Interpreter code: Language:					

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	<b>Queensland</b> Government
CONT	Government

#### Arthrogram (Image-Guided) Consent

(Affix identification label here)				
URN:				
Family name:				
Given name(s):				
Address:				
Date of birth:	Sex:	$\square$ M	F	

G. Information for the doctor/clinician		
The information in this consent form is not intended to be a substitute for direct communication between the doctor clinician and the patient <i>OR</i> substitute decision-maker <i>O</i> parent/legal guardian/other person.	-/	
I have explained to the patient <i>OR</i> substitute decision-mace of the contents of the parent/legal guardian/other person the contents of the form and am of the opinion that the information has beer understood.	is	
Name of doctor/clinician:		
Designation:		
Signature: Date:		
H. Patient <i>OR</i> substitute decision-maker <i>OR</i> parent/ legal guardian/other person consent		

I acknowledge that the doctor/clinician has explained:

- the 'Arthrogram (Image-Guided)' patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative procedure options
- that there is no guarantee the procedure will improve the medical condition
- that tissues/blood may be removed and used for diagnosis/ management of the condition
- that if a life-threatening event occurs during the procedure:
- an adult patient will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
- a child/young person's health care will be provided in accordance with good clinical practice and in the best interests of the patient
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form (this should be in consultation with the doctor/clinician).

perso	stitute decision-maker/parent/legal on have received the following cons nation sheet(s):	•
'Ar	throgram (Image-Guided)'	
'Ma	agnetic Resonance Imaging (MRI) Sc	an'
'Cc	omputed Tomography (CT) Scan'	
'Ab	out Your Anaesthetic' (Adult patient o	nly)
	out Your Child's Anaesthetic' (Child/y ient only)	oung person
On th	e basis of the above statements,	
pe	ubstitute decision-maker/parent/le rson consent to having an arthrog nage-guided).	
	me of patient/substitute decision-mal ardian/other person:	ker/parent/legal
Sig	gnature:	Date:
If t	he patient is a child/young person:	
	I am not aware of any legal or other r prevents me from providing unrestric child/young person for this procedure the child/young person is Gillick com	ted consent for this (not applicable if

#### 2) Student examination/procedure for professional training purposes:

this form).

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient OR substitute decision-maker OR parent/legal guardian/other person consent, assist with/ conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker/parent/legal guardian/other person consent to a clinical student(s) undergoing

training to.	
<ul><li>observe examination(s)/procedure(s)</li></ul>	Yes No
<ul><li>assist with examination(s)/procedure(s)</li></ul>	Yes No
<ul><li>conduct examination(s)/procedure(s)</li></ul>	Yes No

### **Arthrogram (Image-Guided)**

Queensland Government

Adult and Child/Young Person | Informed consent: patient information

A copy of this patient information sheet should be given to the patient or substitute decision-maker or parent/legal guardian/other person of a child or young person to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.

In this information sheet, the word 'you' means the patient unless a substitute decision-maker, parent, legal guardian or other person is providing consent on behalf of the patient, in which case the word 'you' means the substitute decision-maker, parent, legal guardian or other person when used in the context of the person providing consent to the procedure.



### 1. What is an arthrogram (image-guided) and how will it help me?

An arthrogram may be required if regular x-rays, Computed Tomography (CT), Magnetic Resonance Imaging (MRI) or ultrasound do not show the level of detail needed to assess a joint.

An arthrogram is comprised of two steps:

- Injection of contrast directly into the joint using image guidance (x-ray and/or CT)
- 2. (CT, MRI and/or x-ray) imaging of the joint with contrast in place.

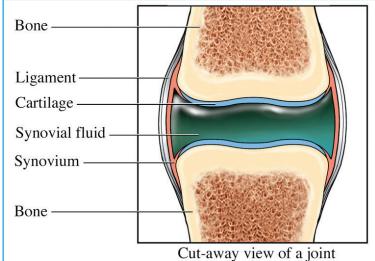


Image: Joint anatomy. ID: si55550575. www.shutterstock.com

Occasionally, an arthrogram is used to confirm that an injection needle is correctly positioned in the joint. This is usually as part of a treatment of painful joints where medications or local anaesthetic will be injected.

The type of contrast used will depend on what type of imaging (MRI or CT) will be used.

For more information on CT or MRI, please read the patient information sheet *Computed Tomography (CT) Scan* or *Magnetic Resonance Imaging (MRI) Scan*. If you do not have the appropriate information sheet, please ask for one.

#### Preparing for the procedure

The Medical Imaging department will give you instructions on how to prepare for the procedure. It is important to follow the instructions that are given to you. Your procedure might be delayed if you don't follow all of the preparation steps.

Medical imaging staff will notify you beforehand if you are required to stop taking any blood thinning medicine. List or bring all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements to show the doctor/clinician what you are taking.

Do not drink alcohol, smoke, vape or take recreational drugs for at least 24 hours before the procedure as these may alter the effects of the sedation anaesthetic. If you have a drug or medication dependence, please tell your doctor/clinician.

Please tell the doctor/clinician if you are breastfeeding or pregnant, or suspect that you may be pregnant.

It is very important you lie still. Supporting straps, foam pads and light weights may be used to help with this. If you are unable to lie still, you may require the procedure to be booked with sedation or a general anaesthetic. This may mean the procedure needs to be rebooked for a time when an anaesthetist is available. If you receive sedation and are being discharged on the same day, you cannot drive and you must have someone available to escort you home.

If booked for an anaesthetic, please read the information sheet *About Your Anaesthetic* (for adults) or *About Your Child's Anaesthetic* (for child/young person). If you do not have one of these information sheets, please ask for one.

# For a parent/legal guardian/other person of a patient having an arthrogram (image-guided)

To prepare the patient for this procedure and to ease their concerns, tell them what they can expect to happen during the procedure. This information sheet will assist you with this.

We welcome your help and support in preparing the patient for the procedure and in explaining why it's so important to lie still.

At the discretion of the procedure staff:

- a parent/adult (unless pregnant) may be invited into the procedure room to support the patient
- if the patient is having a general anaesthetic you may be able to see them off to sleep. Once they are asleep, you will be asked to leave the procedure room and wait in the waiting area.

Other children are not allowed into the procedure room, and they must be supervised at all times by another parent/adult.

#### **During the procedure**

You may be required to change into a hospital gown and remove some of your jewellery.

Your skin will be cleaned around the joint and a sterile drape will be applied to cover the area. Local anaesthetic may be injected to numb your skin.

Using images 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. Once finished, the needle is taken out and a dressing will be applied to the puncture site.

Images will then be taken of the joint using CT, MRI or x-ray.



### 2. What are the risks?

In recommending the procedure, the doctor/ clinician believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients – these are set out below. There may also be additional risks and possible complications specific to your condition and circumstances which the doctor/clinician will discuss with you. If you have any further concerns, please ensure that you raise them with the doctor/clinician prior to giving consent to the procedure.

#### Common risks and complications

- · pain or discomfort at the procedure site
- bleeding or bruising at the procedure site
- bleeding or bruising is more common if you have been taking blood thinning medicines, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- nerve damage, which is usually temporary, and should get better over time.

#### **Uncommon risks and complications**

- the procedure may not be possible due to medical or technical reasons
- 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 medication, requiring further treatment.

#### Rare risks and complications

- seizures and/or cardiac arrest due to local anaesthetic toxicity
- death because of this procedure is very rare.

#### Risks of radiation

The risks of radiation exposure from this procedure need to be compared to the risks of your condition not being treated. Exposure to radiation may cause a slight increase in the risk of cancer to you over your lifetime. However, the potential risk is small compared to the expected benefit of this procedure<sup>2</sup>.

### What are the risks of not having an arthrogram (image-guided)?

There may be adverse consequences for your health if you choose not to have the proposed procedure. Please discuss these with the referring doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure. Please contact the doctor/clinician to discuss.



#### 3. Are there alternatives?

Making the decision to have a procedure requires you to understand the options available. Please discuss any alternative procedure options with your doctor/clinician before signing the consent form.



## 4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital, and what level of activity is suitable after your procedure.

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

It is normal to have some pain in the joint for a few days. Simple pain relievers and ice packs can be used to ease the discomfort.

Go to your nearest Emergency department or GP (your local doctor) if you become unwell or have:

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



### 5. Who will be performing the procedure?

Radiographers, doctors, nuclear medicine technologists, sonographers, nurses, and medical imaging assistants make up the medical imaging team. All or some of these professionals may be involved in your procedure.

A doctor/clinician other than the consultant/ specialist may assist with/conduct the clinically appropriate procedure. This could include a doctor/clinician undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/ clinician will be performing the procedure, please discuss this with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on you while you are under anaesthetic.

You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes. If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way.

For more information on student care, please visit <a href="https://www.health.gld.gov.au/consent/students">www.health.gld.gov.au/consent/students</a>.



### 6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website <a href="https://www.qld.gov.au/health/services/hospital-care/before-after">www.qld.gov.au/health/services/hospital-care/before-after</a> where you can read about your healthcare rights.

You can also see a list of blood thinning medications at <a href="www.health.qld.gov.au/">www.health.qld.gov.au/</a> consent/bloodthinner.

Further information about informed consent can be found on the Informed Consent website <a href="www.health.qld.gov.au/consent">www.health.qld.gov.au/consent</a>. Additional statewide consent forms and patient information sheets are also available here.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss this with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



#### 7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your proposed procedure.

If you have further questions prior to your appointment, please contact the Medical Imaging department via the main switchboard of the facility where your procedure is booked.



In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.

#### References:

Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). Ionising radiation in our everyday environment, 2021. Available from <a href="https://www.arpansa.gov.au"><u>www.arpansa.gov.au</u></a>