



Queensland Government

## Liver Biopsy Child / Young Person

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 and/or my child has 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 needle is put into the liver through the skin of abdominal or chest wall. A piece of liver tissue is removed through the needle and sent to pathology for testing.

Following the procedure you may need to lie in bed (sometimes on your side) for up to six (6) hours.

Depending on the underlying condition, more than one piece of tissue may be required for analysis.

Children will usually have liver biopsy performed under a general anaesthetic.

### C. Risks of a liver biopsy

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur which may require treatment including 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 or Aspirin.
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Impaired circulation may occur to a limb or to an organ which may require further treatment
- Death or brain damage as a result of this procedure are possible.

### Specific risks:

- Minor complications such as irritation of the diaphragm muscle by the needle or a small amount of blood could cause pain that is often felt in the right shoulder. This may require an injection of a pain killer. This happens in about 1 in 5 liver biopsies.
- Serious complications for 1 in 300 to 1 in 1000 people having a biopsy. These complications include:
  - Excessive bleeding from the liver. This may need a blood transfusion and/or an operation.
  - The needle may damage the gallbladder (if you still have one) or bile ducts. This could result in bile leaking into the abdomen.
  - The lung may be pierced causing leaking of air from the lung.
  - The needle may puncture the bowel or other organs inside the abdomen. This may need further treatment or surgery.
  - The risk of dying with the procedure is approximately 1 in 10 000 liver biopsies.
  - The biopsy may not obtain enough tissue and may need to be repeated.
  - Children undergoing liver biopsy have the additional risk of a general anaesthetic. The risk of a serious or life threatening reaction to the anaesthetic for a child in reasonable health is about 1 in 15,000 to 10 in 15,000.

### D. Significant risks and procedure options

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

.....  
.....  
.....

### E. Risks of not having this procedure

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

.....  
.....

### F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

.....  
.....



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Given name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex:  M  F  I

## G. Parent / Patient/ Substitute Decision Maker consent

I acknowledge that the doctor has explained to me and/or my child:

- the 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/my child.
- other relevant procedure / treatment options and their associated risks.
- my / my child's prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve the 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 / my child's condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, health care will be provided in accordance with good clinical practice and in the best interests of the patient.
- 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 Information Sheet/s:

- About Your Child's Anaesthetic
- Liver Biopsy - Child/ Young Person
- Blood & Blood Products Transfusion (if required)

- My child and/or I were able to ask questions and raise concerns with the doctor about the condition, the proposed procedure and its risks, and my treatment options. Any questions and concerns have been discussed and answered to my/our satisfaction.
- I understand that I have the right to change my/our 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 the 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 that my child has the procedure

Name of parent / Substitute Decision Maker/s: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Date: \_\_\_\_\_ PH No: \_\_\_\_\_

If applicable: source of decision making authority (tick one):

- Court order  Court order verified
- Legal guardian  Documentation verified
- Other: \_\_\_\_\_  Documentation verified

## AND / OR for the young person

Based on *Gillick vs West Norfolk Area Health Authority* [1986] 1AC 112 a minor (i.e a patient under 18 years of age) is capable of giving informed consent when he or she achieves a sufficient understanding and intelligence to enable him or her to fully understand the nature, consequences and risks of the proposed procedure/treatment and the consequences of non-treatment.

## I request to have this procedure

Name of patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 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

