



Queensland  
Government

# Block Dissection of Lymph Nodes Consent

Adult (18 years and over)

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

*This consent form and patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.*

## A. Does the patient have capacity to provide consent?

- Yes → **GO TO section B**  
 No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

## B. Is an interpreter required?

- Yes  No  
If yes, the interpreter has translated:  
 in person  over the telephone

*A verbal translation is a summary of the form.*

Name of interpreter:

National Accreditation Authority for Translators and Interpreters (NAATI) code:

Language:

## C. Procedure details

I confirm that the doctor has informed me about the following procedure(s) and I consent to:

Block dissection of lymph nodes:  Yes

Site/side of procedure; clearance level; additional information:

## D. Risks specific to the patient in having a block dissection of lymph nodes

*(Doctor to document additional risks not included in the patient information sheet)*

## E. Risks specific to the patient in *not* having a block dissection of lymph nodes

*(Doctor to document specific risks in not having a block dissection of lymph nodes)*

## F. Alternative procedure options

*(Doctor to document alternative procedure not included in the patient information sheet)*

DO NOT WRITE IN THIS BINDING MARGIN





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## G. Acknowledgment and consent

I acknowledge that the doctor has explained and I understand:

- the 'Block Dissection of Lymph Nodes' patient information sheet
- the medical condition and proposed procedure, including the possibility of additional treatment
- this procedure requires a general anaesthetic
- the specific risks and benefits of the procedure
- the risks of not having the procedure
- alternative procedure options
- that there is no guarantee the procedure will improve the medical condition
- that if the procedure leads to the need for a blood or blood products transfusion, an additional consent form will be required
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if an immediate life-threatening event happens during the procedure, health care will be provided based on my AHD (Advance Health Directive) or ARP (Acute Resuscitation Plan). If no AHD or ARP is in place, health care will be provided in accordance with good clinical practice and the *Guardianship and Administration Act 2000* (Qld)
- that a doctor other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor undergoing further training under supervision
- that if the doctor 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.

I understand I have the right to change my mind regarding consent at any time, including after signing this form.

### I have received the following consent and patient information sheet(s):

- 'Block Dissection of Lymph Nodes'
- 'About Your Anaesthesia'
- 'Blood and/or Manufactured Blood Products Transfusion (Full/Limited Consent)'
- Other (*specify*):

On the basis of the above statements,

### I consent to having a block dissection of lymph nodes.

Name of patient/substitute decision-maker:

Signature:

Date:

## H. Doctor confirms

I have explained to you the contents of this form and am of the opinion that the information has been understood.

Name of doctor:

Designation:

Signature:

Date:

## I. Clinical student involvement

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to my consent, assist with/conduct an examination or procedure on me/the patient while under sedation or anaesthetic.

I consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s):  Yes  No
- assist with examination(s)/procedure(s):  Yes  No
- conduct examination(s)/procedure(s):  Yes  No

*Note: you will also have the opportunity to say yes or no to student involvement, on the day of your procedure.*

For further information please see

[www.health.qld.gov.au/consent/students](http://www.health.qld.gov.au/consent/students)

# Block Dissection of Lymph Nodes

Adult (18 years and over)

Informed consent: patient information

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Family name:

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Sex:  M  F  I

**This patient information sheet has been given to you to read carefully and allow time to ask your doctor any questions about this procedure. Your doctor will include the consent form and a copy of this patient information sheet in your medical record.**

*This patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.*



## 1. What is a block dissection of lymph nodes and how will it help me?

The lymphatic system is a network of tubes and nodes (small round organs) that drain fluid from the body and fight infection.

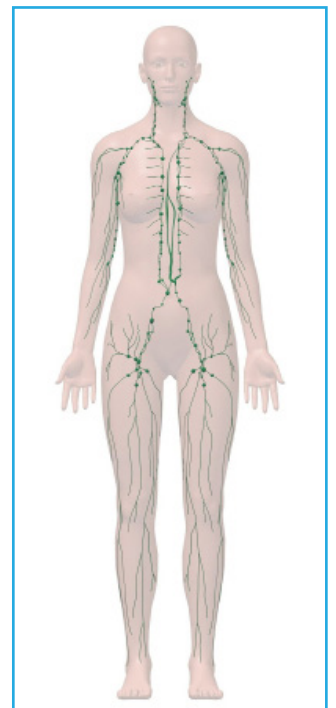
Lymph nodes are found in different areas like the neck, armpits, groin, chest, and belly. Infections can cause abnormal changes in lymph nodes, and cancer cells can spread to lymph nodes.

A block dissection of lymph nodes is the removal of some (partial clearance) or all (complete clearance) of the lymph nodes from a specific area of the body.

Removing lymph nodes is needed if they possibly contain cancer cells or other abnormal changes.

This procedure helps to reduce the risk of cancer spreading and helps determine if further treatment is necessary.

*Image: Illustration showing the anterior view of the lymphatic system in the female body. ID: NC3D00122.  
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## Preparing for the procedure

The healthcare team will give you instructions on how to prepare for the procedure. It is important to follow these instructions otherwise your procedure might be delayed.

Please tell the doctor if you:

- are breastfeeding or pregnant, or think that you may be pregnant
- have other medical conditions or health problems
- have allergies
- take prescribed, over the counter, or herbal medications (including blood-thinning medications or weight-loss medications)
- use recreational or illegal drugs.

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 anaesthetic.

**Fasting instructions:** you will be told when to have your last meal and drink. After this time, do **not** eat (including lollies or gum) or drink. This ensures the stomach is empty and prevents food or fluid from getting into the lungs.

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Adult (18 years and over)

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**Medication instructions:** most medications should be taken as usual. The healthcare team will notify you beforehand if you are required to stop taking any medications, such as blood thinners.

**Day procedure:** this procedure is commonly performed as a day procedure. If it is clinically safe to do so, you will be discharged on the day of surgery.

## During the procedure

An intravenous (I.V.) cannula is a small plastic tube that will be inserted into a vein, usually in your hand or arm. This is for any medications or fluids required during the procedure, including anaesthetic medications.

A cut is made in the targeted area to remove the affected lymph nodes. The specific area and amount of lymph nodes removed depends on the type of cancer or abnormality. A drain may be placed in the area to remove excess fluid. The procedure usually takes 2 to 3 hours.



## 2. What are the risks?

In recommending the procedure, the doctor 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.

Your doctor will discuss any additional risks, specific to your individual condition and circumstances, with you. These should be written on the consent form before you sign it.

### Common risks

- pain or discomfort in the affected area
- fluid build-up (seroma) under the skin that

may need to be drained

- swelling, bleeding or bruising around the wound; bleeding and bruising is more common if you have been taking blood-thinning medications
- numbness or tingling in the affected area which can be temporary or permanent
- scarring around the wound
- stiffness or limited movement of the affected area
- permanent swelling and discomfort from fluid build-up in the affected area (lymphoedema).

### Uncommon risks

- infection of the wound requiring further treatment
- slower healing of the wound than expected
- blood clots in the leg or lungs
- nerve damage causing short-term weakness
- leaking lymphatic fluid (lymphorrhoea) that can lead to dehydration or infection.

### Rare risks

- injury to nearby blood vessels, or organs
- loss of muscle function due to nerve damage
- long-term pain or permanent nerve damage in the affected area
- abnormal thickened scar tissue (keloid scar)
- if there are any remaining lymph nodes in the area, they may develop further disease
- death is extremely rare but possible with any surgical procedure.

For more information about the anaesthetic and the risks involved, please read the information sheet 'About Your Anaesthesia'. Discuss any concerns with the doctor.

If you do not have one of these information sheets, please ask for one.

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## What are the risks of not having a block dissection of lymph nodes?

There may be adverse consequences for your health if you choose not to have the proposed procedure. You and your doctor should discuss these risks.

If a block dissection of lymph nodes is not done, the doctor may not know if the cancer or disease has spread and whether further treatment is needed. You may also have ongoing symptoms, such as pain, swelling, or discomfort, and future complications.



### 3. Are there alternatives?

Making the decision to have a procedure requires you to understand the options available.

There may be simpler procedures that can be done. This will depend on the disease, or type of cancer in the lymph nodes. Radiotherapy, medication, or monitoring may be used when the risk is very low.

Your doctor will discuss any alternative procedure options and their risks or benefits with you 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.

Keep the dressing on the wound clean and dry to prevent infection. You may need to avoid having a bath or soaking the wound until it is fully healed.

If you have a drain to collect fluid from the surgical site, your healthcare team will tell you how to care for it.

Pain management is important for recovery. You may be given medications to manage pain.

Follow-up appointments will be made to monitor wound healing and to discuss other treatments if needed.

You will receive a discharge plan and contact details to help guide your recovery after leaving the hospital. The healthcare team may also contact you to check in with you to see how you are going and answer any questions you may have.

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

- pain unrelieved by simple pain relievers or those prescribed for you
- bleeding, swelling, redness or inflammation at the wound site
- a fever (temperature 38°C or higher)
- other warning signs the doctor/clinician may have asked you to be aware of.

An anaesthetic will affect your judgement for about 24 hours. For your own safety:

- You must have a responsible adult to transport you home and stay with you.
- Do NOT drive any type of car, bike or other vehicle.
- Do NOT operate machinery, including cooking equipment.
- Do NOT make important decisions or sign a legal document.
- Do NOT drink alcohol, smoke, vape or take recreational drugs. They may react with the anaesthetic medications

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## 5. Who will be performing the procedure?

A doctor other than the consultant/specialist may assist with/conduct your procedure. This could include a registered doctor who is undergoing further training. All trainees are supervised according to relevant professional guidelines.

If you have any concerns about who will be performing your procedure, please discuss this with the doctor.

### Clinical students

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

You are under no obligation to agree to an examination(s) or a procedure(s) being observed or 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 [www.health.qld.gov.au/consent/students](http://www.health.qld.gov.au/consent/students)



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

For information about going to hospital and your rights as a patient, visit [www.qld.gov.au/health/services/hospital-care/going-to-hospital](http://www.qld.gov.au/health/services/hospital-care/going-to-hospital)

Queensland Health respects the privacy of patients and their families. To learn more about health records and personal information visit our website [www.health.qld.gov.au/system-governance/records-privacy/health-personal](http://www.health.qld.gov.au/system-governance/records-privacy/health-personal)

You can see a list of blood thinning medications at [www.health.qld.gov.au/consent/bloodthinner](http://www.health.qld.gov.au/consent/bloodthinner)

Further information about informed consent can be found on the Informed Consent website [www.health.qld.gov.au/consent](http://www.health.qld.gov.au/consent). Additional statewide consent forms and patient information sheets are also available.

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 First Nations peoples' cultures must be considered in the patient's clinical care to ensure their holistic health and individual needs are met.



## 7. Questions

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

If you have further questions prior to your appointment, please contact the facility where your procedure is booked.



## 8. Contact us

**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.