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 insertion site. This may require medication.
- Bleeding or bruising may occur. This is more common if Aspirin, Warfarin, or any other drug that is used to thin the blood is taken.
- Coughing up blood, small (teaspoon size) amounts, this usually resolves by itself.
- The chest tube may become kinked or blocked. Sometimes it needs to be repositioned or replaced.
- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia to be used.

Less common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Irritation of the nerves between the ribs, which may cause pain or numbness in the chest.
- Fluid may build up in the lung after air or fluid is removed. This may cause shortness of breath.

Rare risks and complications include:

- An air bubble enters the blood stream from the lung. This can travel to the heart causing a heart attack or to the brain causing a stroke.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.
Intercostal Catheter (ICC) Insertion - Child / Young Person

D. Patient/ Parent / substitute decision maker consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure to me and/or my child.

My child and/or I understand:

- the risks and complications, including those that are specific to me/my child.
- if immediate life-threatening events happen during the procedure, they will be treated accordingly.
- a doctor/doctor delegate undergoing further training may conduct this procedure.
- the sedation/anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me/my child.

I have been given the following Information Sheet/s:

- [ ] Intercostal Catheter (ICC) Insertion - Child/Young Person
- [ ] About Your Child’s Anaesthetic
- [ ] Ultrasound - Child/Young Person
- [ ] CT - Child/Young Person

- My child and/or I were able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. My/our questions and concerns have been discussed and answered to my/our satisfaction.
- I understand that my child and/or I have the right to change my/our mind at any time including after my child and/or I have signed this form but, preferably following a discussion with my doctor/doctor delegate.
- I understand that Queensland Health may release my child and/or 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,
1. What is an Intercostal Catheter?
An intercostal catheter (ICC) or chest tube is put in between the ribs into the space located between the lung and the chest wall (pleural space). The chest tube drains the air or fluid from the pleural space. The patient’s medical condition will determine the position of the chest tube eg, in their armpit, in the back of their chest or in the front of their chest below the collarbone.
These procedures are performed in medical imaging and 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 Information Sheet - Child/Young Person (if you do not have this information sheet please ask for one).

For Parent/Guardian/Adult
To prepare your child for the procedure and to ease their fears, tell them what they can expect to happen during the procedure. The information sheets will assist you with this
We welcome your help and support during the procedure.
  • At the discretion of the medical imaging staff:
    - A parent/guardian/adult (unless pregnant) may be invited into the procedure room to support your child.
    - If your child is having a general anaesthetic you may be able to see them off to sleep. Once 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. These children must be supervised at all times by another parent/guardian/adult.

2. Will there be any discomfort, is any anaesthetic needed?
This procedure will require an injection of local anaesthetic and a general anaesthetic, please read About Your Child’s Anaesthetic - Patient Information Sheet (if you do not have this information sheet please ask for one).

3. Preparation for the procedure
The medical imaging department will give instructions on how to prepare for the procedure.
  • Please tell the staff if you/your child is or suspect may be pregnant.
  • If you/your child takes Aspirin, Warfarin or any other drug that is used to thin the blood ask your doctor/health practitioner if it should be stopped before the procedure as it may affect the blood clotting.

4. During the procedure
A fine needle (IV cannula) may be inserted into a vein in the arm. Before the needle is inserted, a local anaesthetic cream may be applied, to numb the skin. Pictures will be taken of the procedure site.
The doctor will inject local anaesthetic. Using imaging as a guide a small cut is made into the skin and tissue. A tunnel is made through the tissue so the chest tube can be placed into the pleural space. The chest tube is joined to a drainage tube and bottle. Stitches may be put into the skin to hold the chest tube in place. A dressing is put on to cover the area. The tube may be painful on movement. This may require pain relief medication.
After the tube is put in, a chest X-ray is taken to check that the tube is in the correct position.

5. After the procedure
What happens while the chest tube is in?
The chest tube is connected to a drainage bottle that has some water in it. If the chest tube is inserted because of air in the pleural space, bubbles in the water may be seen. This is normal.
If the chest tube is inserted because of fluid in the pleural space, the fluid will drain via the tube into the drainage bottle. Please tell the staff if you/your child has any pain or shortness of breath (‘feeling puffed’).

How is the chest tube (ICC) removed?
The doctor will tell you/your child how to breathe while the tube is pulled out of the pleural space. Some stitches may be needed to close the wound.
A chest X-ray is done after the tube has been removed. The doctor will tell you when the stitches are to come out and when to take the dressing off. The wound and dressing are to be kept dry for 2 days.

6. **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 insertion site. This may require medication.
- Bleeding or bruising may occur. This is more common if Aspirin, Warfarin, or any other drug that is used to thin the blood is taken.
- Coughing up blood, small (teaspoon size) amounts, this usually resolves by itself.
- The chest tube may become kinked or blocked. Sometimes it needs to be repositioned or replaced.
- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia to be used.

**Less common risks and complications include:**

- Infection, requiring antibiotics and further treatment.
- Irritation of the nerves between the ribs, which may cause pain or numbness in the chest.
- Fluid may build up in the lung after air or fluid is removed. This may cause shortness of breath.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- Excessive bleeding from the insertion 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:**

- An air bubble enters the blood stream from the lung. This can travel to the heart causing a heart attack or to the brain causing a stroke.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.

**Notes to talk to the doctor/ health practitioner about:**
1. What is Computed Tomography?
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 the 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?
It is very important that you/your child lie very still for the procedure. Supporting straps, foam pads and light weights may be used to help with this. If unable to lie still, a general anaesthetic may be needed. If booked for an anaesthetic, please read About Your Child’s Anaesthetic - Patient Information Sheet (if you do not have this information sheet please ask for one).

3. Preparation for the procedure
The medical imaging department will give instructions on how to prepare for the procedure.
- Please tell the staff if you/your child is or suspect may be pregnant.

For Parent/Guardian/Adult
To prepare your child for the procedure and to ease their fears, tell them what they can expect to happen during the procedure. The information sheets will assist you with this
We welcome your help and support during the procedure.
- At the discretion of the medical imaging staff:
  - A parent/guardian/adult (unless pregnant) may be invited into the procedure room to support your child.
  - If your child is having a general anaesthetic you may be able to see them off to sleep. Once asleep you will be asked to leave the procedure room and wait in the waiting area.

4. During the procedure
You/your child will be positioned on the CT table by the CT staff. The staff will not be in the room during the scan, but they will be able to see you/your child and speak with them via an intercom.

During the scan, the table moves slowly through the CT scanner and a whirring or humming sound may be heard. You/your child should remain as still as possible, as the slightest movement can blur the pictures.

For some scans, you/your child will be asked to hold their breath.

The whole procedure takes approximately 10 to 20 minutes depending on what part of the body is being scanned.

5. Contrast
Sometimes, Contrast is given as part of the scan. Contrast allows the organs to be seen more clearly on CT. 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 of the body more clearly.

Iodinated Contrast is used to show the organs and blood vessels of the body more clearly.

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:
- The procedure may not be possible due to medical and/or technical reasons.

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.
1. What is an Ultrasound?
Ultrasound scans look at internal organs including arteries and veins. Scans help to diagnose a variety of conditions.

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/your child may feel pressure or minor pain 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 instructions on how to prepare for the procedure.

For Parent/Guardian/Adult
To prepare your child for the procedure and to ease their fears, tell them what they can expect to happen during the procedure. The information sheets will assist you with this.

We welcome your help and support during the procedure.
- At the discretion of the medical imaging staff, a parent/guardian/adult may be invited into the procedure room to support your child.
- Other children are not allowed into the procedure room. These children must be supervised at all times by another parent/guardian/adult.

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 the patient’s skin over the area to be scanned. The gel allows the probe to slide easily over the skin and helps to produce clearer pictures.

The probe will be moved back and forth slowly over the area of interest.

You/your child may be asked to hold their breath or roll into different positions during the scan.

Once the scan is complete, the gel will be wiped off the skin.

The Ultrasound will take between 15 and 60 minutes. This is dependant on what body part is being scanned and the type of investigation required.

5. What are the risks of this specific procedure?
There are no known risks from an ultrasound and it is considered to be very safe.

Notes to talk to the doctor/health practitioner about:
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