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Queensland Government

Renal Biopsy (Native)

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 have 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:

Ultrasound will be used to locate the kidney.

A biopsy needle will be put into the kidney to take a piece of the kidney. This may be done several times to obtain a good sample.

Following the procedure you must lie in bed for 6 hours or until seen by the Doctor. You may pass blood in your urine after the biopsy.

You will be asked to collect samples of your urine so that we can see the amount of blood you pass.

C. Risks of a renal biopsy (native)

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

<u>General risks</u>:

- Infection can occur, requiring antibiotics and further treatment.
- 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, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Death as a result of this procedure is possible.

<u>Specific risks</u>:

- A small amount of pain at the site of the biopsy – this is common.
- The kidney may continue to bleed from the biopsy site. In most people, this will stop without further treatment. Heavy blood loss, including bleeding around the kidney or passing blood clots in the urine happens to less than 1 in 100 biopsies.
- Blood transfusion can be needed in about 1 in 50 to 1 in 200 people, because of blood loss.
- Extremely rare is puncture of other organs and development of a large blood clot. On very rare occasions, another procedure may be needed to stop the bleeding.
- There is a small risk that the kidney may need to be removed if the bleeding cannot be stopped any other way. This can happen to 1 in 1000 to 1 in 1500 people.

D. Significant risks and procedure options

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

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E. Risks of not having this procedure

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

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F. Anaesthetic

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

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DO NOT WRITE IN THIS BINDING MARGIN

PROCEDURAL CONSENT FORM

v2.00 - 04/2011
SW9313

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Queensland Government

Renal Biopsy (Native)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

G. Patient consent

I acknowledge that the doctor has explained;

- my 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.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my 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 condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- 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 Patient Information Sheet/s:

- ☐ **Local Anaesthetic & Sedation for Your Procedure**
- ☐ **Renal Biopsy (Native)**
- ☐ **Blood & Blood Products Transfusion**

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. 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.
- 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.

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)

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: .....

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Consent Information - Patient Copy
Renal Biopsy (Native)

1. What do I need to know about this procedure?

The following procedure will be performed:

Ultrasound will be used to locate the kidney.

A biopsy needle will be put into the kidney to take a piece of the kidney. This may be done several times to obtain a good sample.

Following the procedure you must lie in bed for 6 hours or until seen by the Doctor. You may pass blood in your urine after the biopsy.

You will be asked to collect samples of your urine so that we can see the amount of blood you pass.

2. My anaesthetic

This procedure will require an anaesthetic.

See **Local Anaesthetic and Sedation for Your Procedure** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

3. What are the risks of this specific procedure?

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

General risks:

- Infection can occur, requiring antibiotics and further treatment.
- 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, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
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Specific risks:

- A small amount of pain at the site of the biopsy – this is common.
- The kidney may continue to bleed from the biopsy site. In most people, this will stop without further treatment. Heavy blood loss, including bleeding around the kidney or passing blood clots in the urine happens to less than 1 in 100 biopsies.
- Blood transfusion can be needed in about 1 in 50 to 1 in 200 people, because of blood loss.
- Extremely rare is puncture of other organs and development of a large blood clot. On very rare occasions, another procedure may be needed to stop the bleeding.
- There is a small risk that the kidney may need to be removed if the bleeding cannot be stopped any other way. This can happen to 1 in 1000 to 1 in 1500 people.

Notes to talk to my doctor about:

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