Intussusception Reduction Enema

Child / Young Person

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. Procedure
The following will be performed (Doctor/doctor delegate to document – include site and/or side where relevant to the procedure)

Intussusception is when an area of the bowel has folded in on itself. This narrows or blocks the inside of the bowel.

A Reduction Enema is an x-ray procedure that uses Contrast (once called x-ray dye) and/or air to take pictures of the bowel and to unfold the intussusception.

This procedure does not usually require an anaesthetic.

C. Risks of the procedure
In recommending the Intussusception Reduction Enema, the doctor believes the benefits from having this procedure exceed the risks involved.

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:
- Contrast enema only. Diarrhoea, causing dehydration. Drinking extra fluids can prevent this.

Less common risks and complications include:
- An allergy to injected drugs, requiring further treatment.
- The folded section of bowel may not unfold. Further surgery may be required.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:
- Allergic reaction to the Contrast. This could result in a rash, hives, itching, nausea, fainting or shortness of breath. Medication may be given to relieve this.
- An increased lifetime cancer risk due to the exposure to x-rays.
- Perforation of the bowel. This may require surgery and antibiotics.

- Bleeding from the bowel. This may require other treatments and/or corrective surgery.
- Bacteraemia (infection in the blood). This will need antibiotics.
- Death as a result of this procedure is very rare.
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D. Parent / Patient/ 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 risk and complications, including those that are specific to me/ my child.
- the sedation/ anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me/my child.
- 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/ doctor delegate undergoing further training may conduct this procedure.

I have been given the following Information Sheet/s:

☐ Intussusception Reduction Enema - Child / Young Person

- 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 / treatment and that these image/s or video/s will assist the doctor to provide appropriate treatment.
- 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 professional

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: ______________________

E. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (D) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: __________________________________________

Designation: ______________________________________________________

Signature: _________________________________________________________

Date: ______________________

F. 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: ______________________
1. What is an Intussusception Reduction Enema?

Intussusception is when an area of the bowel has folded in on itself. This narrows or blocks the inside of the bowel. A Reduction Enema is an x-ray procedure that uses Contrast (once called x-ray dye) and/or air to take pictures of the bowel and to unfold the intussusception.

2. Will there be any discomfort, is any anaesthetic needed?

No anaesthetic is required. Mild discomfort may be experienced when the tube is inserted into the back passage. A feeling of fullness and/or abdominal cramps may also be felt during the procedure. Sometimes a muscle relaxing drug may be given to ease the discomfort of the cramping.

It is very important that you/your child lie very still for the procedure. Parents and staff may be required to help. Supporting straps, foam pads and light weights may also be used.

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.

4. During the procedure

A small tube is gently inserted a short way into the back passage. Contrast or air is slowly injected into the bowel through the tube. This may push out the folded bowel. X-ray pictures are taken. Contrast or air will be drained from the tube as much as possible. At the end of the procedure the tube will be removed from the back passage.

5. After the procedure

You can expect to see some blood from the back passage and in the faeces for a few hours after the procedure. This is normal and should settle.

Staff will discuss with you the level of activity suitable after the procedure.

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:

- **Contrast enema only.** Diarrhoea, causing dehydration. Drinking extra fluids can prevent this.

Less common risks and complications include:

- An allergy to injected drugs, requiring further treatment.
- The folded section of bowel may not unfold. Further surgery may be required.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

- Allergic reaction to the Contrast. This could result in a rash, hives, itching, nausea, fainting or shortness of breath. Medication may be given to relieve this.
- An increased lifetime cancer risk due to the exposure to x-rays.
- Perforation of the bowel. This may require surgery and antibiotics.
- Bleeding from the bowel. This may require other treatments and/or corrective surgery.
- Bacteraemia (infection in the blood). This will need antibiotics.
- Death as a result of this procedure is very rare.
7. What are the safety issues when you/your child leave the hospital?

Go to the nearest Emergency department or GP if you/your child become unwell or have;

- a problem with a bowel movement or passing urine
- abdomen tenderness and/or hardness
- severe ongoing abdomen pain
- continuous or increasing bleeding from the back passage
- a fever
- other warning signs the doctor may have asked you to be aware of.

Notes to talk to the doctor/ health practitioner about: