



Queensland
Government

Intussusception Reduction Enema Consent

Child/Young Person (under 18 years)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Does the patient have capacity to provide consent?

- Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure and the consequences of non-treatment – ‘Gillick competence’ (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112)
→ **GO TO section B**
- No Parent/legal guardian/other person* with parental rights and responsibilities to provide consent and complete this form
→ **COMPLETE section A**

*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health ‘Guide to Informed Decision-making in Health Care’ and local policy and procedures. Complete the source of decision-making authority as applicable below.

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

- Court order → Court order verified
 Legal guardian → Documentation verified
 Other person → Documentation verified

Name of parent/legal guardian/other person:

Relationship to child/young person:

B. Is an interpreter required?

- Yes No

If yes, the interpreter has:

- provided a sight translation of the informed consent form in person
 translated the informed consent form over the telephone

It is acknowledged that a verbal translation is usually a summary of the text on the form, rather than word-by-word translation.

Name of interpreter:

Interpreter code:

Language:

C. Patient/parent/legal guardian/other person confirms the following procedure(s)

I confirm that the referring doctor/clinician has explained that I have been referred for the following procedure:

Intussusception reduction enema: Yes No

Name of referring doctor/clinician:

D. Risks specific to the patient in having an intussusception reduction enema

(Doctor/clinician to document additional risks not included in the patient information sheet):

E. Risks specific to the patient in *not* having an intussusception reduction enema

(Doctor/clinician to document specific risks in not having an intussusception reduction enema):

F. Alternative procedure options

(Doctor/clinician to document alternative procedure not included in the patient information sheet):

G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient/parent/legal guardian/other person.

I have explained to the patient/parent/legal guardian/other person the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

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Sex: M F I

H. Patient/parent/legal guardian/other person consent

I acknowledge that the doctor/clinician has explained:

- the 'Intussusception Reduction Enema' patient information sheet
- my/the child's medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative procedure options
- that there is no guarantee the procedure will improve the medical condition
- that if an immediate life-threatening event happens during the procedure, health care will be provided in accordance with good clinical practice and in my/the child's best interests
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician 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/the child will be asked to sign a separate consent form. If I/the child choose not to consent, it will not adversely affect my/the child's access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form (*this should be in consultation with the doctor/clinician*).

I/parent/legal guardian/other person have received the following consent and patient information sheet(s):

- 'Intussusception Reduction Enema'

On the basis of the above statements,

1) I/parent/legal guardian/other person consent to having an intussusception reduction enema.

Name of patient/parent/legal guardian/other person:

Signature:

Date:

- I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this procedure (*not applicable if the child/young person is Gillick competent and signs this form*).

2) Student examination/procedure for professional training purposes:

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient/parent/legal guardian/other person consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/parent/legal guardian/other person 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

Intussusception Reduction Enema

Child/Young Person (under 18 years) | Informed consent: patient information

A copy of this patient information sheet should be given to the patient or parent/legal guardian/ other person to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.

In this information sheet, the word 'you' means the patient unless a parent, legal guardian or other person is providing consent on behalf of the patient, in which case the word 'you' means the parent, legal guardian or other person when used in the context of the person providing consent to the procedure.

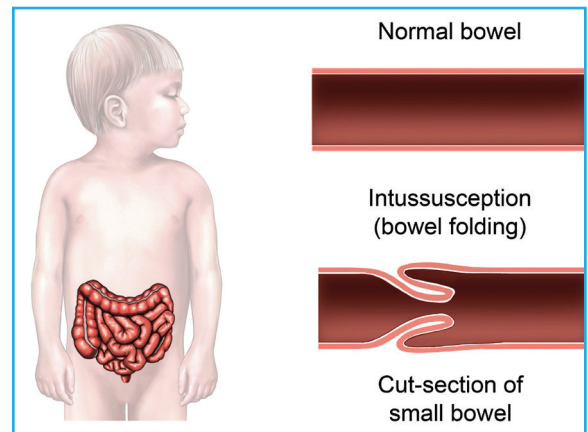


1. What is an intussusception reduction enema and how will it help me?

Intussusception is when an area of the bowel has folded in on itself. This narrows or blocks the inside of the bowel. Intussusception is mostly seen in infants and young children, however it can still occur in young persons and adults.

An **intussusception reduction enema** is an x-ray procedure that uses contrast (also known as x-ray dye) and/or air to create images of the bowel and to unfold the intussusception.

This procedure is done using fluoroscopy. Fluoroscopy is an imaging technique that uses x-rays to create moving images of the inside of your body.



*Image: Intussusception.
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Preparing for the procedure

The Medical Imaging department will give instructions on how to prepare for the procedure.

No anaesthetic is required for the procedure. 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 important that the patient lies still while the x-rays are being taken. Parents and staff may be required to help. Supporting straps, foam pads and light weights may also be used.

For a parent/legal guardian/other person of a patient having an intussusception reduction enema

To prepare the patient for this procedure and to ease their concerns, tell them what they can expect to happen during the procedure. This information sheet will assist you with this.

We welcome your help and support in preparing the patient for the procedure and in explaining why it's so important to lie still. At the discretion of the procedure staff a parent/ adult (unless pregnant) may be invited into the procedure room to support the patient.

Other children are not allowed into the procedure room, and they must be supervised at all times by another parent/adult.

During the procedure

A small tube is gently inserted a short way into the back passage. This is taped into place to ensure there is no leakage.

Contrast or air is slowly injected into the bowel through the tube. This may push out the folded bowel.

X-ray images are taken. This process may need to be repeated multiple times for the intussusception to unfold. As much contrast or air will be drained from the tube as possible.

At the end of the procedure the tube will be removed from the back passage.



2. What are the risks?

In recommending the procedure, the doctor/clinician 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. There may also be additional risks and possible complications specific to your condition and circumstances which the doctor/clinician will discuss with you. If you have any further concerns, please ensure that you raise them with the doctor/clinician prior to giving consent to the procedure.

Common risks and complications

- (*contrast enema only*) diarrhoea may occur, which can cause dehydration. Drinking extra fluids can help with this.

Uncommon risks and complications

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

Rare risks and complications

- (*contrast enema only*) 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
- perforation of the bowel. This may require surgery and antibiotics

- bleeding from the bowel. This may require other treatments and/or corrective surgery
 - if you experience bleeding from the bowel, there are some diseases and medicines, including complementary medicines, that have the ability to affect blood clotting
- bacteraemia (infection in the blood). This will need antibiotics
- death because of this procedure is very rare.

Risks of radiation

The risks of radiation exposure from this procedure need to be compared to the risks of your condition not being treated. Exposure to radiation may cause a slight increase in the risk of cancer to you over your lifetime. However, the potential risk is small compared to the expected benefit of this procedure¹.

What are the risks of not having a intussusception reduction enema?

There may be adverse consequences for your health if you choose not to have the proposed procedure. Please discuss these with the referring doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure. Please contact the doctor/clinician to discuss.



3. Are there alternatives?

Making the decision to have a procedure requires you to understand the options available. Please discuss any alternative treatment options with your doctor/clinician 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.

Go to the nearest Emergency department or GP if you become unwell or have:

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



5. Who will be performing the procedure?

Doctors, radiographers, nuclear medicine technologists, sonographers, nurses, and medical imaging assistants make up the medical imaging team. All or some of these professionals may be involved in your procedure.

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure. This could include a doctor/clinician undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss this with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on a patient.

You are under no obligation to consent to an examination(s) or a procedure(s) being 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.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at 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. Additional statewide consent forms and patient information sheets are also available here.

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 Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



7. Questions

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

If you have further questions prior to your appointment, please contact the Medical Imaging department via the main switchboard of 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.

References:

1. Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). Ionising radiation in our everyday environment, 2021. Available from www.arpansa.gov.au