



# Venous Sampling 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

## 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:

- 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/substitute decision-maker confirms the following procedure(s)

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

- Adrenal vein sampling:  Yes  No  
Parathyroid vein sampling:  Yes  No  
Petrosal sinus vein sampling:  Yes  No  
Renal renin vein sampling:  Yes  No

Site/side of procedure:

Name of referring doctor/clinician:

## D. Risks specific to the patient in having a venous sampling

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

## E. Risks specific to the patient in *not* having a venous sampling

*(Doctor/clinician to document specific risks in not having a venous sampling):*

## 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/substitute decision-maker.

I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

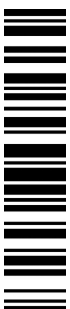
Designation:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

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SW9626

VENOUS SAMPLING CONSENT



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Adult (18 years and over)

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## H. Patient/substitute decision-maker consent

I acknowledge that the doctor/clinician has explained:

- the 'Venous Sampling' patient information sheet
- the 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 tissues/blood may be removed and used for diagnosis/management of the condition
- that if a life-threatening event occurs during the procedure, I will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
- 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 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/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/substitute decision-maker have received the following consent and patient information sheet(s):

'Venous Sampling'

On the basis of the above statements,

#### 1) I/substitute decision-maker consent to having a venous sampling.

Name of patient/substitute decision-maker:

Signature:

Date:

#### 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/substitute decision-maker consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker 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

# Venous Sampling

Adult (18 years and over) | Informed consent: patient information

**A copy of this patient information sheet should be given to the patient or substitute decision-maker 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 substitute decision-maker is providing consent on behalf of the patient, in which case the word 'you' means the substitute decision-maker when used in the context of the person providing consent to the procedure.*



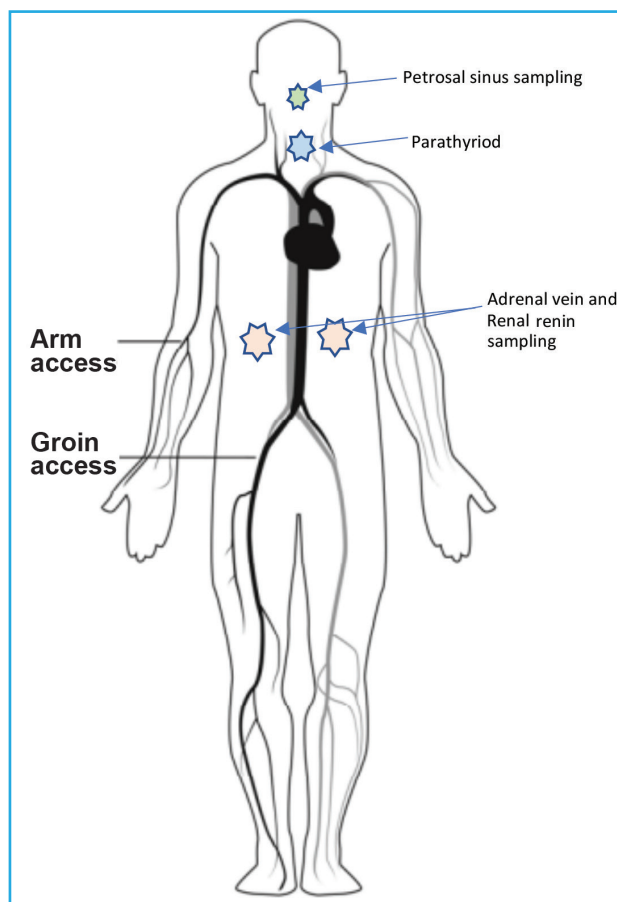
## 1. What is a venous sampling and how will it help me?

Venous sampling is a diagnostic procedure that uses imaging to guide a catheter into a specific vein to take samples of blood. These samples can be checked for specific substances released by nearby organs and tissues. A higher than normal amount of a substance can be a sign of disease in the organ or tissue that makes it.

This test may give further information that may not be available from a standard blood test.

Venous sampling procedures include:

- **Parathyroid venous sampling:** when blood samples are taken from the parathyroid region, particularly when a patient has hyperparathyroidism (very high levels of parathyroid hormone). This may be useful to locate an abnormality in the tissue that cannot be confirmed using less-invasive imaging.
- **Renal renin venous sampling:** when blood samples are taken from both kidneys to compare the amount of renin made by each kidney. This may be useful for diagnosing renal artery stenosis (narrowing), which can contribute to high blood pressure, identify the responsible kidney, and to assess the potential benefit of renal artery dilation or surgery.
- **Adrenal venous sampling:** when blood samples are taken from both adrenal glands to compare the amount of hormone made by each gland. The adrenal glands are located above the kidneys and produce several hormones that are involved in controlling blood pressure, metabolism and the body's response to stress.
- **Petrosal sinus sampling:** when blood samples are taken from each side of the petrosal sinus for comparison with the amount of pituitary hormone found in the rest of your body. The petrosal sinus is located at the base of your brain and is an important part of the hormonal system. It is responsible for the production of many hormones required for regulating growth, metabolism, and reproduction. The pituitary gland can become disturbed and make too much or too little of a hormone.



*Image: Vascular anatomy. Herston Multi Media Unit, RBWH, 2009.*

## Preparing for the procedure

The Medical Imaging department or your doctor/clinician will give you instructions on how to prepare for the procedure. It is important to follow the instructions that are given to you. Your procedure might be delayed if you don't follow all the preparation steps.

Medical imaging staff will notify you beforehand if you are required to stop taking any blood thinning medicine. List or bring all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements to show the doctor/clinician what you are taking.

This procedure will require the use of a local anaesthetic and possibly a mild sedation. If you received sedation and are being discharged on the same day, you cannot drive and you must have someone available to escort you home.

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 sedation.

Tell your doctor/clinician if you:

- are breastfeeding or pregnant, or suspect that you may be pregnant
- have a drug or medication dependence.

*(Renal renin only)* You will be placed on a low salt diet for 5 to 7 days before your procedure. You are required to lay flat for up to 12 hours prior to the procedure. This is to keep your blood pressure stable before the procedure. You will be admitted to the hospital for an overnight stay the evening before the procedure.

## On the day of the procedure

- Nothing to eat or drink ('nil by mouth'): you will be told when to have your last meal and drink. Do NOT eat (including lollies), drink or chew gum after this time otherwise your procedure may be delayed or cancelled. This is to make sure your stomach is empty so that if you vomit, there will be nothing to go into your lungs.

- If you take medicines, most should be continued before a procedure and taken at the usual time, even on the day of the procedure, with a sip of water. There are some important exceptions:
  - your doctor/clinician will provide specific instructions about your medicines
  - take to the hospital all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements. This may include and is not limited to blood thinning medicines, the contraceptive pill, antidepressants and/or medicines for treating diabetes (e.g. insulin).
- If you feel unwell, telephone the Medical Imaging department for advice.
- Tell your doctor/clinician if you have:
  - health problems (e.g. diabetes, high blood pressure, infectious diseases, serious illnesses), including if undergoing regular treatment
  - had previous problems and/or known family problems with anaesthesia
  - false teeth, caps, loose teeth or other dental problems
  - allergies/intolerances of any type and their side effects.
- You will be required to change into a hospital gown and remove some of your jewellery. Your belongings will be kept in a safe location during the procedure.

## Sedation

Sedation is the use of medicines that help make you feel relaxed and drowsy for your procedure. You may remember some or little about what has happened. You may still be aware of your surroundings and should be able to follow simple instructions, such as holding your breath, when instructed by the doctor/clinician.

## During the procedure

An intravenous (I.V.) cannula will be inserted into a vein in your arm. This is for any medication or fluids required during the procedure, including sedation.

Routine observations, such as heart rate and blood pressure, will be taken before the start of the procedure.

The skin of your groin, neck or arm will be cleaned and a sterile drape will be applied to cover your body. The doctor/clinician will use local anaesthetic to numb the skin and then make a small cut where the needle enters.

Using ultrasound as a guide, a needle, guidewire and catheter are inserted into a vein in your groin (sometimes the catheter may need to be placed in a vein in your arm or neck.) Once the catheter is in place the needle is removed.

X-ray images are taken while the iodinated contrast (also known as x-ray dye) is being injected into your veins.

The catheter is guided through the main blood vessels in your body until it reaches the area for sampling.

You should not be able to feel the catheter inside your body.

Once the catheter is in the selected veins, blood samples are collected from the catheter and, at the same time, from a second access port of the tube in your groin, or I.V. cannula in your arm.

You may be given a medication to increase hormone production and more blood samples may be taken.

Once all the blood samples have been taken, the catheter will be removed.

Firm pressure will be put over the area where the catheter went into your skin (puncture site). This helps the veins to seal over so you should not bleed.

After the procedure is complete, you will be transferred from the procedure room to a recovery area. Your observations and puncture site will be monitored regularly for swelling, oozing of blood and bruising. You may be required to rest in bed for 2 to 4 hours. Moving too soon after this procedure may cause bleeding at the puncture site.

If it is no longer required, the I.V. cannula will be removed after you have recovered.

Your doctor/clinician will discuss with you what level of activity is suitable after your procedure.



## 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**

- minor pain, bruising and/or infection from the I.V. cannula
- pain or discomfort at the puncture site
- bleeding or bruising could occur. This is usually stopped by applying pressure and/or ice to the puncture site
- bleeding or bruising is more common if you have been taking blood thinning medicines, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia
- nerve damage, is usually temporary, and should get better over time. Permanent nerve damage is rare.

### **Uncommon risks and complications**

- infection can occur, requiring antibiotics and further treatment
- damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment
- the procedure may not be possible due to medical and/or technical reasons
- a blood clot or excessive bleeding from the puncture site. This may require other treatment and/or corrective surgery
- an allergy to injected medication may occur, requiring further treatment



- temporary epilation (hair loss) or skin redness due to radiation (x-ray).

### Rare risks and complications

- (*I.V. iodinated contrast only*) allergic reactions rarely occur, but when they do, they usually occur within the first hour, with most happening in the first five minutes. Late reactions have been known to occur up to 1 week after the injection. Note: Allergy to topical iodine and/or seafood does not imply an allergy to iodinated contrast. The reactions vary from:
  - mild: hives, sweating, sneezing, coughing, nausea
  - moderate: widespread hives, headache, facial swelling, vomiting, shortness of breath
  - severe: severe reactions are rare but include life-threatening heart palpitations, very low blood pressure, throat swelling, seizures and/or cardiac arrest
- permanent nerve damage
- seizures and/or cardiac arrest due to local anaesthetic toxicity
- death because of this procedure is very rare.

### If sedation is given, extra risks include:

- faintness or dizziness, especially when you start to move
- fall in blood pressure
- nausea and vomiting
- weakness
- heart and lung problems, such as heart attack or vomit in the lungs causing pneumonia
- stroke resulting in brain damage.

## Intravascular contrast and risk to kidney function

Contrast is removed from the blood by the kidneys through the urine. It is easily removed from the body if you have normal kidney function.

You may be asked to have a blood test to find out how well your kidneys are functioning. The risk of kidney injury from the contrast used in interventional angiography is very low.

When significant worsening of kidney function is seen, such as in kidney disease, there is often more than one factor causing stress to the kidneys such as certain medications, infection, dehydration or low blood pressure<sup>1</sup>.

To minimise stress to your kidneys your doctor/clinician may recommend you have extra fluid to ensure good hydration, stop some medicines temporarily or have extra blood tests to monitor your kidney function around the time of your procedure.

## 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 procedure<sup>1</sup>.

## What are the risks of not having a venous sampling?

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 procedure options with your doctor/clinician before signing the consent form.



### 4. What should I expect after the procedure?

Your doctor/clinician will talk to you about what to expect after your procedure, and what level of activity is suitable upon discharge from hospital.

The radiologist (doctor) will review the final images after the procedure and send the report to your treating team.

You will receive the results of the procedure from your treating team, at your next follow-up appointment. Please make an appointment, if you do not already have one.

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

- light sensitivity
- agitation
- amnesia
- seizures
- pain unrelieved by simple pain relief medicines
- continuous bleeding, swelling, redness or inflammation at the puncture site
- fever
- other warning signs the doctor/clinician may have asked you to be aware of.

If you had sedation, this will affect your judgement for about 24 hours. For your own safety:

- 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.

## 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 you while you are under anaesthetic.

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](http://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](http://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](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 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 First Nations People's culture 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/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. Iodinated Contrast Media Guideline, V2.3 The Royal Australian and New Zealand College of Radiologists, March 2018. Available from [www.ranzcr.com/college/document-library/ranzcr-iodinated-contrast-guidelines](http://www.ranzcr.com/college/document-library/ranzcr-iodinated-contrast-guidelines)
2. Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). Ionising radiation in our everyday environment, 2021. Available from [www.arpansa.gov.au](http://www.arpansa.gov.au)