



# Iodine-131 Therapy Consent

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?

### Complete for ADULT patient only

- 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:

### Complete for CHILD/YOUNG PERSON patient only

- 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 treatment 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 OR substitute decision-maker OR 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:

Iodine-131 therapy:  Yes  No

Name of referring doctor/clinician:

## D. Risks specific to the patient in having Iodine-131 therapy

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

## Pregnancy/breastfeeding questions for the patient

If you are pregnant, this procedure would generally not be performed unless the benefits outweigh the risks of having the procedure.

1. a) Are you pregnant?  Yes → **GO TO Q2**  
 No → **GO TO Q2**  
 Possibly → **GO TO Q1b**

b) If required before the scan, do you agree to have a:

- Urine pregnancy test:  Yes  No  
Blood pregnancy test:  Yes  No

If you might be pregnant, further discussion with a doctor/clinician will be provided to assist you in making an informed decision on continuing with the procedure.

2. Are you breastfeeding?  Yes  No

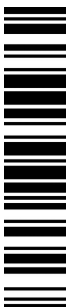
The doctor/clinician will review these answers and, if required, obtain further advice from a doctor or another clinician regarding your pregnancy and/or breastfeeding status prior to the scan.

## E. Risks specific to the patient in not having Iodine-131 therapy

(Doctor/clinician to document specific risks in not having Iodine-131 therapy):

DO NOT WRITE IN THIS BINDING MARGIN

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IODINE-131 THERAPY CONSENT



# Iodine-131 Therapy Consent

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## 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 OR substitute decision-maker OR parent/legal guardian/other person.

I have explained to the patient OR substitute decision-maker OR 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:

## H. Patient OR substitute decision-maker OR parent/legal guardian/other person consent

I acknowledge that the doctor/clinician has explained:

- the 'Iodine-131 Therapy' patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the treatment
- the prognosis, and risks of not having the treatment
- alternative procedure options
- that there is no guarantee the treatment will improve the medical condition
- that if a life-threatening event occurs during the treatment, 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 treatment; 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/parent/legal guardian/other person have received the following consent and patient information sheet(s):**

'Iodine-131 Therapy'

On the basis of the above statements,

**1) I/substitute decision-maker/parent/legal guardian/other person consent to having Iodine-131 therapy.**

Name of patient/substitute decision-maker/parent/legal guardian/other person:

Signature:

Date:

If the patient is a child/young person:

I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this treatment (*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 OR substitute decision-maker OR parent/legal guardian/other person consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker/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

# Iodine-131 Therapy

Adult and Child/Young Person | Informed consent: patient information

**A copy of this patient information sheet should be given to the patient or substitute decision-maker or parent/legal guardian/other person of a child or young 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 substitute decision-maker, parent, legal guardian or other person is providing consent on behalf of the patient, in which case the word 'you' means the substitute decision-maker, parent, legal guardian or other person when used in the context of the person providing consent to the treatment.*



## 1. What is Iodine-131 therapy and how will it help me?

Iodine-131 therapy uses radioactive iodine, which is taken up and concentrated within the thyroid gland, to damage the cells of the gland and reduce overactivity. The Iodine-131 will be given to you as capsules to swallow.

There is no imaging performed with this treatment.



Image: Radioactive tablet.  
ID: 2189079273. [www.shutterstock.com](http://www.shutterstock.com)

## Preparing for the treatment

The Nuclear Medicine department will give you instructions on how to prepare for your treatment.

You must not have radioactive iodine if you are breastfeeding, pregnant or if you suspect that you may be pregnant. If required, your pregnancy status will be confirmed with a blood test. This is done by the Nuclear Medicine department in the 24 hours before the therapy.

All anti-thyroid tablets should be stopped at least 5 days before your nuclear medicine appointment.

A **recent nuclear medicine thyroid scan is required** prior to this therapy. This scan will check that your thyroid can take up enough radioactive iodine for the therapy to be effective. This may be done before or on the day of the therapy.

## During the treatment

You will need to swallow a small, standard-sized capsule with water. This capsule contains radioactive iodine. If you have difficulty swallowing capsules, please inform your Nuclear Medicine department as soon as possible, before your appointment. Liquid preparations exist if required, but will take longer to organise as staff must arrange to get the liquid radioactive iodine from interstate or overseas.



## 2. What are the risks?

In recommending the treatment, the doctor/clinician believes that the benefits to you from having the treatment exceed the risks involved. There are risks and possible complications associated with the treatment 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 treatment.

#### **Common risks and complications**

- changing from having an overactive thyroid to an underactive thyroid. An underactive thyroid will require life-long thyroid hormone replacement in tablet form
- this therapy may not be successful in treating your overactive thyroid. A further dose of Iodine-131 may be needed or you may require an alternative treatment.

#### **Uncommon risks and complications**

- mild neck soreness and swelling for a few days after treatment. This can be treated with simple pain relievers
- (*Graves' disease only*) some patients with Graves' disease develop or get worsening inflammation in the muscles and fat in the eye socket which produces a 'pop-eyed' look. You may need further tests and treatment with an ophthalmologist. The risk of this happening is greater in patients who smoke or vape.

#### **Rare risks and complications**

- death because of this treatment 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 procedure<sup>1</sup>.

Your sperm or eggs can be temporarily affected by your exposure to radiation. To reduce the chances of the radiation dose causing harm to a fetus, contraception (for avoiding pregnancy) is strongly recommended after therapy for:

- 6 months for women,
- 3 months for men.

## **What are the risks of not having Iodine-131 therapy?**

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

If you choose not to have the treatment, 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 treatment. Please contact the doctor/clinician to discuss.



### **3. Are there alternatives?**

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



### **4. What should I expect after the treatment?**

After the treatment the Nuclear Medicine department will talk to you about what to expect after the treatment.

A sore throat after the procedure is normal.

Treatment with anti-thyroid medications should not resume for 5 days after treatment, except in special circumstances.

Due to the risk of an underactive thyroid, regular blood tests and follow-up with your doctor/clinician are essential so that medical treatment can be started if necessary.

#### **Safety precautions**

Most of the radioactive iodine in the capsule you have swallowed is taken up by the thyroid gland. The remainder is cleared in the urine for 2–10 days after treatment. Smaller amounts are found in your sweat, saliva and stools. This could potentially expose people around you to a small amount of radiation, but unnecessary radiation exposure can be avoided by following safety precautions correctly.

Individualised safety precaution instructions relevant to your medical and social circumstances should be provided to you by the Nuclear Medicine department.

If you can follow the safety precautions at work, then there is no reason why you should not continue to work. If you cannot (e.g. you have to work sitting close to people), please ask your doctor/clinician for a medical certificate.

If you work with radiation or radiation sensitive material (e.g. photographic film), you will need special advice – please discuss this with the doctor/clinician before your treatment.



## 5. Who will be performing the treatment?

Nuclear medicine scientists/technologists, doctors and nurses make up the nuclear medicine team. All or some of these professionals may be involved in your treatment.

If you have any concerns about which doctor/clinician will be performing the treatment, 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.

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.

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 recognise 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 treatment.

If you have further questions prior to your appointment, please contact the Nuclear Medicine department via the main switchboard of the facility where your treatment 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](http://www.arpansa.gov.au)