



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent Drainage Abdomen/Pelvis with Tube Placement

This information is given to you so that you can make an informed decision about having **Abdominal/Pelvis Drainage with Tube Placement**

Drainage location: _____

The radiologist will use ultrasound, computed tomography, or X-ray fluoroscopy to guide precise placement of a small drainage tube (catheter), less than ¼ inch in width. A tiny incision in the skin will be made. A small needle will be placed through the skin into the abnormal area to be drained. The radiologist will place a small wire with a soft tip through the needle into the abnormal area. A drainage tube will be placed over the wire into the abnormal area.

After placement, the drainage tube will be attached to a suction bulb or other device. In most cases, the drainage tube is left in place for a week or two. In some cases it can be longer. Some patients can go home with a tube in place and will receive instructions on how to care for it or have a nurse come to the home.

Local anesthetic will be injected at the drainage site and you will be given some intravenous relaxing medication and pain medicine during the procedure. For most patients, the procedure is well tolerated. Some patients will have moderate discomfort which is well controlled with the intravenous sedation and pain medication. If general anesthesia or stronger sedation is needed, your doctor will discuss that with you.

Reason and Purpose of the Procedure

Drain the fluid collection to improve symptoms and make recovery more rapid.

Benefits of this Procedure

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Diagnose the type of infection, if present, and help choose correct antibiotics.
- Avoid surgery.
- Delay surgery until after infection is treated making surgery easier.
- Reduce pain.
- Treat and cure the infection.

Risks of Procedures

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

Risks of this procedure

- Your drain will need to be checked and possibly changed or manipulated while the drain is in place. When these checks with possible manipulation or changes occur, the risks and benefits are the same then as they are now.

General Risks of Procedures

- **Bleeding:** Serious bleeding is very rare, even if you have poor blood clotting. In cases of bleeding it is usually controlled by pressing on the biopsy site until bleeding stops.
- **Infection:** Infection can occur in the skin or soft tissue under the skin. This is uncommon and would be treated with oral antibiotics. You will be given instructions for wound care to decrease the chance of infection
- **Injury to bowel or internal organs.** This could require surgery to repair. You may need antibiotics.
- **Complications from sedation medicine.** These include low blood pressure and breathing problems including slow breathing and choking on vomit (aspiration). If you are sedated you will be monitored by a nurse and given oxygen to breathe.
- **Infection in the bloodstream.** This is treated with antibiotics and intravenous fluids. You may need further hospitalization.

Risks Specific to You

Risks Associated with Smoking

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Associated with Obesity

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Alternative Treatments

Other choice:

- Do nothing. You can decide not to have the procedure.
- Surgical drainage under general anesthesia.

If You Choose Not to Have this Treatment

- Your recovery may take longer.
- You might not recover.
- You might require surgery that could be avoided with a drainage procedure.

General Information

- During this procedure, the doctor may need to perform more or different procedures than I agreed to.
- During the procedure the doctor may need to do more tests or treatment.
- Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.
- The biopsy tissue will be tested. It could be kept for research or teaching. I agree the hospital may discard the tissues in a proper way.
- Radiology images will be obtained. They will be part of my medical record. These may be published for teaching purposes. My identity will be protected.

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By signing this form I agree

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure **Drainage Abdominal Consent** _____
- I understand that my doctor may ask a partner to do the surgery/procedure.
- I understand that other doctors, including medical residents or other staff may help with procedure. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. IF so, please obtain consent for blood/product.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: _____ Date _____ Time _____

*Interpreter (if applicable)***For Provider Use ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Patient shows understanding by stating in his or her own words:

____ Reason(s) for the treatment/procedure: _____

____ Area(s) of the body that will be affected: _____

____ Benefit(s) of the procedure: _____

____ Risk(s) of the procedure: _____

____ Alternative(s) to the procedure: _____

OR

____ Patient elects not to proceed: _____ Date: _____ Time: _____

(patient signature)

Validated/Witness: _____ Date: _____ Time: _____