



Affix Patient Label

Patient Name:

DOB:

### Informed Consent

This information is given to you so that you can make an informed decision about having **an Image Guided Radiology Procedure:** \_\_\_\_\_

Body Location: \_\_\_\_\_

#### Reason and Purpose of the Procedure

The doctor may use ultrasound, computer tomography (CT), or X-ray to get images. These images will help the doctor guide placement of needles or catheters. A catheter is a small hollow tube. The doctor will also use an x-ray during the procedure. The x-ray will help your doctor get images. The images will be used to record the results.

Medicine to numb the area will be injected. You will be given intravenous medication to relax you. You will also be given intravenous pain medication. The procedure is well tolerated by most patients. Your doctor will discuss with you if general anesthesia is needed.

If you are medicated, you will be watched by a nurse and given oxygen.

#### 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.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### Information on Moderate Sedation

You will be given medicine in an IV to relax you. This medicine will also make you more comfortable. This is called “moderate sedation”. You will feel sleepy. You may even sleep through parts of your procedure. We will monitor your heart rate and your blood pressure. We will also monitor your oxygen level. If your heart rate, blood pressure or oxygen levels fall outside the normal range, we may give medications to reverse the sedation. We may be unable to reverse the sedation. We may need to support your breathing. Even if you have a NO CODE status:

- you may need intubation to support your breathing.
- you may need medications to support your blood pressure.

We will re-evaluate your medical treatment plan and your NO CODE status when sedation has cleared your body.

#### 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.

**General Risks of Procedures**

- **Bleeding. This is rare.** This could require a blood transfusion or an emergency procedure to stop bleeding.
- **Infection.** Can occur in the skin, soft tissue under the skin, or internally. You may need antibiotics.
- **Injury to body structures or organs at or near the procedure site.** This could require additional treatment.

**Potential Radiation Risks to You Include**

- **Any exposure to radiation may cause a slightly higher risk for cancer later in life.** This risk is low.
- **Skin rashes.** Skin rashes may lead to breakdown of skin and possibly severe sores. This is rare.
- **Hair loss.** This does not happen to everyone. This can be temporary or permanent.
- **It is possible we may have to use higher doses of radiation.** If we do we will tell you.
- **If you see changes with your skin you should report them to your doctor.**

**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 choices:

- Do nothing. You can decide to not have the procedure done.
- \_\_\_\_\_

**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 if you had the 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.
- Small tissue samples might be removed. They could be kept for research or teaching. I agree the hospital may discard the tissues in a proper way.
- Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.
- 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.

Affix Patient Label

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**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: **Radiology Image Guided** \_\_\_\_\_  
\_\_\_\_\_
- 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: \_\_\_\_\_