



Affix Patient Label

Patient Name:

DOB:

## Informed Consent Drainage Tunneled Pleural Placement

This information is given to you so that you can make an informed decision about having a \_\_\_\_\_  
**Tunneled Pleural Drainage Catheter Placement.**

### Procedure Details:

The physician will use ultrasound to guide placement of a needle into the fluid that has collected around your lung in the pleural space. This is the space between the lining of the lungs. A wire will replace the needle and the hole will be enlarged gradually. A guiding hollow tube will be advanced into the pleural space. The doctor will tunnel a tract through the skin of your side. This will be several inches long. The catheter will be passed under the skin and placed into your pleural space. The hollow tube will be removed. This catheter has a cuff to promote your body to seal the tract around the catheter and minimize the risk of infection. A suture will be placed around the catheter entrance and at the puncture site into the pleural space. These sites will also be sealed with glue and tape strips. The sutures may need to be removed in 1 week. Your radiologist will discuss this with you.

Local anesthetic will be injected at the pleural puncture site, at the catheter entrance site, and in between those locations. You will be given some intravenous medicine to relax you and for the pain during the procedure. For most patients, the procedure is well tolerated.

### Reason and Purpose of the Procedure

To place a semi-permanent drainage tube into the pleural space around your lung to allow frequent drainage of pleural fluid outside of the hospital. \_\_\_\_\_

### 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

- Allow you, a family member, or a visiting nurse to drain fluid from around your lungs whenever needed without coming to the hospital.
- Help you breathe more comfortably
- Avoid repeated needle sticks for a Thoracentesis procedure
- In some cases, the buildup of pleural fluid stops after a few months of regular drainage, allowing the catheter to be removed.
- \_\_\_\_\_

### Risks of Procedure

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**

- **Bleeding.** You may need a blood transfusion.
- **Injury to surrounding organs.** You may need further surgery to repair.
- **Infection.** Infection can occur in the skin around catheter. You may need to have the catheter removed. It is important that you follow directions in caring for your dressing.
- **Catheter stops draining.** This can happen if the catheter becomes clogged. We may be able to open the clog by flushing the catheter.
- **Complications from sedation medicine.** You may have low blood pressure. You may have 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 breath.

**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. Continue to have percutaneous Thoracentesis procedures at the hospital as needed.
- Have a procedure called pleurodesis which attempts to seal the lung to the chest wall, preventing the pleural fluid from building up. You can discuss this procedure with your physician or a thoracic surgeon.

**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.
- Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

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

DOB: \_\_\_\_\_

**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 Tunneled Pleural Placement**
- 
- 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 surgery. 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**

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: \_\_\_\_\_