

## Informed Consent Drainage Tunneled Pleural Removal

This information is given to you so that you can make an informed decision about having a \_\_\_\_\_  
**Chest Tunneled Pleural Drainage Catheter (Aspira®) Removed.**

### Procedure Details:

The physician will open the incision around the tube entrance site. They will free up the catheter from the scar tissue that has formed around it. The catheter will then be removed. The incision will be sutured closed and a dressing applied. Sometimes it is necessary to make another incision along the course of the catheter in order to remove the catheter.

Local anesthetic will be injected around the catheter entrance site and along the path it takes to your pleural space (the space around your lung). During the procedure you will be given some intravenous medication to relax you and for the pain. For most patients, the procedure is well tolerated.

### Reason and Purpose of the Procedure

- To remove the pleural drainage catheter
- \_\_\_\_\_

### 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

- Remove the no longer needed or malfunctioning or infected pleural drainage catheter
- Help clear any infection involving the pleural drainage catheter
- \_\_\_\_\_

### 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.
- **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.
- **Inability to remove the entire catheter:** This is rare, but may require additional procedures.
- **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.

**If you choose not to have this treatment**

- Your doctor may find it more difficult or not possible to treat your problem.

**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: **Removal of Tunneled Pleural Drainage Catheter**
- 
- 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: \_\_\_\_\_