



Affix Patient Label

Patient Name:

DOB:

## Informed Consent Chest Port Removal

This information is given to you so that you can make an informed decision about having \_\_\_\_\_  
**chest port removed.**

### Procedure Details:

The physician will open the incision in your chest wall above your port pocket. The port will then be freed up from the scar tissue that has formed around it. The port and the catheter will be removed. The port pocket will be sutured closed and a dressing applied. Sometimes it is necessary to make an incision at the base of the neck to remove the catheter.

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

### Reason and Purpose of the Procedure

To remove the chest port and its catheter:

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### 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 port and catheter
- Help clear any infection involving the port or catheter
- Help your body dissolve any blood clots that have formed around the catheter.
- \_\_\_\_\_

### 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 Port Removal

- **Bleeding:** If excessive you may need a blood transfusion. This is rare.
- **Infection:** Can occur in the port pocket. You may need antibiotics. It is important you follow instructions about 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.

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**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.

**Risks specific to you**

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**Alternative Treatments****Other choices**

- Do nothing. There may be alternative methods to receive your medications.
- \_\_\_\_\_.

**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 tests or treatment.
- 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.

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: **Chest Port Removal** \_\_\_\_\_
- 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.

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*(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: \_\_\_\_\_