



Affix Patient Label

Patient Name:

Date of Birth:

Radiology Guided Tube Check with Possible Change or Removal

This information is given to you so that you can make an informed decision about having a **Radiology guided tube check with possible change or removal**.

Tube location: _____

A **tube check** is done by injecting x-ray dye into the tube. Then an x-ray is taken. This allows the radiologist to see the placement and function of your drain.

A **tube change** is done by passing a wire through the tube. The tube is taken out over the wire and replaced with another tube. The procedure is guided by x-ray. After the new tube is put in place, the wire is removed. The position of the tube is checked by the injection of x-ray dye and/or removal of fluid. After placement, the drainage tube is attached to a suction bulb or other device.

Local anesthetic may be injected at the drainage site and you may 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. This is usually well controlled with the intravenous relaxing and pain medication. If general anesthesia or stronger sedation is needed, your doctor will discuss that with you.

A **tube removal** involves pulling the tube out. A dressing is placed at the site.

Reason and Purpose of the Procedure:

- The tube check with possible change or removal is to treat fluid collection or abscess.

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.

- More drainage of fluid.
- Less leaking at the insertion site.
- Removal of drain.

Risks of Surgery/Interventional 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.

General Risks of interventional drain procedures:

- Pain or discomfort at the tube insertion site. Numbing medicine and/or sedation medicines can help this.
- Bleeding at the site. This typically stops with time and a site dressing.
- Internal bleeding or injury to a blood vessel. You may need surgery or blood transfusion. This is rare.
- Unintended organ puncture. This may require more treatment. Including an embolization to stop bleeding.
- Infection: Either at the site or in the blood stream. You may need intravenous antibiotics.
- Allergic reaction from the x-ray contrast material. Reactions are typically mild. More medicines may be given to reduce symptoms.
- Reaction to the sedation medications. The most common reactions are nausea and vomiting. In rare cases, death may occur. You will be continually monitored with life saving equipment.

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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:

Alternative Treatments:

Other choices:

- Surgery may be an option.
- Do nothing. You can decide not to have the procedure.

If You Choose Not to Have this Treatment:

- The fluid collection or abscess may not go away.
- Site may become infected.
- Tube may no longer work properly.

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 or procedures.
- Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.
- 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.

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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: **Radiology Guided Tube Check with Possible Change or 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.

Provider: This patient may require a type and screen or type and cross prior to procedure. 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: _____