



Affix Patient Label	
Patient Name:	Date of Birth:

**Informed Consent: Electromagnetic Navigation Bronchoscopy**

This information is given to you so that you can make an informed decision about having **an electromagnetic navigation bronchoscopy**.

**Reason and Purpose of this Procedure:**

Electromagnetic Navigation Bronchoscopy uses electromagnetic guidance to identify, diagnose and treat lung lesions. A tracking pad is placed on your chest. You must remain on your back until the procedure is complete. After the pad is placed, a CT scan of the chest is done to locate a lesion(s). The doctor uses the CT scan images to create a map of the lungs. This allows the doctor to create a pathway to the lesion. The bronchoscope is used with the CT scan images to get tissue samples for testing.

- Assess lung lesions and nodules.
- Assess lymph nodes.
- Alternative for patients not suitable for surgery or other invasive procedures.

**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.

- Diagnosis of your symptoms.

**Risks of this 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.

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotics and breathing treatments.
- Bleeding. This may need further treatment or repair.
- Complications to sedation medication. These include low blood pressure and breathing problems including slow breathing and aspiration (choking on vomit). A reaction to the medication can cause throat spasms and excessive sweating. The most common reactions are nausea and vomiting. In rare cases, death may occur. You will be watched by a nurse and given oxygen to breath. The anesthesiologist will discuss this with you.
- Tear in the lung (pneumothorax) from forceps or needles used to take a sample of tissue. Other treatment may be needed including antibiotics and a chest tube.
- Injury to your teeth, lips, or throat. This is rare.

**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. You can decide not to have the procedure.

**If you Choose not to have this Treatment:**

- We may not be able to diagnose 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.

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 salespeople, and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be taken 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: **Electromagnetic Navigation Bronchoscopy** \_\_\_\_\_
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- I understand that my doctor may ask a partner to do the procedure.
  - I understand that other doctors, including medical residents or other staff may help with the 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 procedure. If so, please obtain consent for blood/products.

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

**Relationship:**  Patient       Closest relative (relationship) \_\_\_\_\_       Guardian/POA Healthcare

Reason patient is unable to sign: \_\_\_\_\_  Telephone Consent Obtained

First Witness Signature: \_\_\_\_\_ Second Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(One witness signature MUST be from a registered nurse (RN) or provider)

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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