

### Affix Patient Label

Patient Name:	Date of Birth:

## **Informed Consent Biopsy Liver Random Consent**

This information is given to you so that you can make an informed decision about **Ultrasound or CT** guided needle biopsy of the liver.

Location:	<u>:</u>	
Location	•	

A biopsy needle will be placed through the skin in the upper abdomen or between the lower ribs on the right into the liver to take small samples of tissue. These will be sent to the pathologist to examine. The radiologist will use ultrasound or computed tomography (CT) to guide placement of the needle and select the best location to biopsy. A final diagnosis will not be made at the time of the biopsy. The final result will be sent to your doctor, usually within a week

The biopsy procedure is usually not very painful. Local anesthetic will be injected and you will be given some intravenous relaxing medication and pain medicine during the procedure. Some patients have moderate pain during the biopsy.

### Reason and Purpose of the Procedure

Determine the type and/or severity of diffuse liver disease.

### **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.

- Help your doctor decide how to treat you
- Help preserve liver function by diagnosing your problem to allow treatment.

### 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 Procedures

- **Bleeding can occur into the lung**. A small amount of bleeding is common. You may cough up some blood during or after the biopsy. Serious bleeding is rare and may require placement of a breathing tube or cause death
- 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 breathe.
- **Infection:** could occur in the skin, soft tissue under the skin or at the internal biopsy site. These infections are rare. Antibiotic treatment might be needed.
- Needle puncture of lung: This could result in a collapsed lung. You may need placement of a chest tube.



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- Needle puncture of bile duct or gallbladder: This could result in bile leaking into the abdomen. This can cause abdominal pain and may need treatment with pain medicine. In very rare cases a procedure is needed to stop the leak or drain the bile that leaked.
- Needle puncture of bowel: This could cause infection or require surgical repair.
- **Inconclusive results**: The results of the biopsy may not be definite. You may need another biopsy.

Risks S	Specific	to Y	You
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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.

### **Alternative Treatments**

#### Other choice:

• Do nothing. You can decide not to have the procedure.

### If You Choose Not to Have this Treatment

- Your doctor may find it more difficult or not possible to treat you.
- Your liver disease could get worse without a diagnosis and treatment.

### **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.
- The biopsy tissue will be tested. It could be kept for research or teaching. I agree the hospital may discard the tissues in a proper way.
- 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.



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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 Needle biopsy of the liver
- 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.

<b>Provider:</b> This patient may require a type and screen or type consent for blood/product.	pe and cross prior to surgery. IF so, please obtain
Patient Signature	Date:Time:
Relationship:     Patient   Closest relative (relationship)	
Interpreter's Statement: I have translated this consent form closest relative or legal guardian.  Interpreter:  Interpreter (if applicable)	and the doctor's explanation to the patient, a parent,
For Provider Use ONLY:  I have explained the nature, purpose, risks, benefits, possible and possibility of complications and side effects of the intendpatient has agreed to procedure.	•
Provider signature:	Date: Time:
Teach Back I have explained the nature, purpose, risks, benefits, possible options, and possibility of complications and side effects of t questions, and patient has agreed to procedure.  Patient shows understanding by stating in his or her own wor 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:	rds:
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