BRONSON

Affix Patient Label	
Patient Name:	Date of Birth:

Informed Consent: Drainage Tunneled Pleural Placement

This information is given to you so that you can make an informed decision about having a **drainage tunneled pleural placement.** This procedure is most often done with moderate sedation or anesthesia.

Reason and Purpose of this Procedure:

To place a semi-permanent drainage tube into the pleural space around your lung to allow frequent drainage of pleural fluid outside of the hospital.

The physician will use ultrasound to guide placement of a needle into the fluid that has collected around your lung in the pleural space. This is the space between the lining of the lungs. A wire will replace the needle and the hole will be enlarged gradually. A guiding hollow tube will be advanced into the pleural space. The doctor will tunnel a tract through the skin of your side. This will be several inches long. The catheter will be passed under the skin and placed into your pleural space. The hollow tube will be removed. This catheter has a cuff to promote your body to seal the tract around the catheter and minimize the risk of infection.

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

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.

- Allow you, a family member, or a visiting nurse to drain fluid from around your lungs whenever needed without coming to the hospital.
- Help you breathe more comfortably.
- Avoid repeated needle sticks for a Thoracentesis procedure/
- In some cases, the buildup of pleural fluid stops after a few months of regular drainage, allowing the catheter to be removed.

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.

- **Bleeding.** You may need a blood transfusion.
- **Injury to surrounding organs, like the lungs.** This could require hospitalization or additional procedures.
- **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.
- **Catheter stops draining.** This can happen if the catheter becomes clogged. We may be able to open the clogs by flushing the catheter.
- **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.

Potential Radiation Risks:

- **Any exposure to radiation may cause a slightly higher risk for cancer later in life.** This risk is low.
- **Skin rashes.** Skin rashes may lead to breakdown of skin and possibly severe sores. This is rare.
- **Hair loss.** This does not happen to everyone. This can be temporary or permanent.
- **It is possible we may have to use higher doses of radiation.** If we do, we will tell you.
- **If you see changes with your skin, you should report them to your doctor.**

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.

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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:

- Have a procedure called pleurodesis which attempts to seal the lung to the chest wall, preventing the pleural fluid from building up. You can discuss this procedure with your physician or a thoracic surgeon.
- Continue to have percutaneous thoracentesis procedures at the hospital as needed.
- Do nothing. You can decide not to have the procedure.

If you Choose not to have this Treatment:

- Fluid in chest may not resolve and could cause problems like difficulty breathing.
- You may need other procedures like repeated thoracentesis to resolve fluid.

Information on Moderate Sedation:

You will be given medicine in an IV to relax you. This medicine will also make you more comfortable. This is called "moderate sedation". You will feel sleepy. You may even sleep through parts of your procedure. We will monitor your heart rate and your blood pressure. We will also monitor your oxygen level.

If your heart rate, blood pressure or oxygen levels fall outside the normal range, we may give medications to reverse the sedation. We may be unable to reverse the sedation. We may need to support your breathing.

Even if you have a NO CODE status:

- You may need intubation to support your breathing.
- You may need medications to support your blood pressure.

We will re-evaluate your medical treatment plan and your NO CODE status when sedation has cleared your body.

Benefits of Moderate Sedation:

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.

- Less pain during the procedure.
- Less anxiety or worry.
- Decreasing your memory of the procedure.

Risks of Moderate Sedation:

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. The list includes:

- Decreased breathing during the procedure and dropping oxygen levels. To help you breathe, a tube may be placed into the mouth or nose and into the trachea to help you breathe.
- Allergic reactions: nausea & vomiting, swelling, rash.

- Vomit material getting into the lungs.
- A drop in blood pressure. This needs fluids or medicine to increase blood pressure.
- Heart rhythm changes that may require medicines to treat.
- Not enough sedation or analgesia resulting in pain or discomfort.

Your physical and mental ability may not be back to normal right away. You should not drive or make important decisions for at least 24 hours after the procedure.

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 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: ☐ **Left** ☐ **Right** ☐ **Bilateral** | **Drainage Tunneled Pleural Placement** _____

  _____
- 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: _____

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: _____

Telephone Consent ONLY: *(One witness signature MUST be from a registered nurse (RN) or provider)*

1st Witness Signature: _____ 2nd Witness Signature: _____ 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: _____