



Affix Patient Label	
Patient Name:	Date of Birth:

Informed Consent: Radiology Guided Paracentesis

This information is given to you so that you can make an informed decision about having a **radiology guided paracentesis**.

Paracentesis is done to remove fluid from the abdominal space. A small needle or tube (catheter) is placed in the abdomen. Local anesthetic is injected to numb the area. Ultrasound, or in some cases CT, will be used to select a location to place the catheter. Fluid is removed by attaching the catheter to a suction device or by using a syringe. Most patients experience very little discomfort.

Reason and Purpose of the Procedure:

- Remove fluid from the abdominal cavity to relieve discomfort or for diagnostic testing.

Benefits of this Procedure:

You might receive the following benefits. Your provider cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Relieve abdominal discomfort.
- Run tests on the fluid to see what caused it.
- Help your provider decide how to treat you.

Risks of Surgery/Interventional Procedures:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your provider cannot expect.

General risks of Paracentesis:

- **Leaking of fluid from the puncture site.** This usually stops on its own. You might need a stitch to close the hole if the leak does not stop.
- **Infection.** Can occur in the skin, soft tissue under the skin, or in the abdominal cavity. You may need antibiotics.
- **Bleeding.** Serious bleeding is rare. It can occur in the abdominal wall or abdominal cavity. A blood transfusion or emergency procedure to stop the bleeding could be needed.
- **Injury to bowel or abdominal organs.** This could cause bleeding or infection.
- **Low blood pressure.** In very rare cases, when a large amount of fluid is removed, low blood pressure can cause kidney failure. Some patients are given an IV containing a protein called albumin if it is necessary to remove a large amount of fluid.

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:

- Do nothing. You can decide not to have the procedure.
- Your abdominal discomfort may get worse.

General Information:

During this procedure, the provider may need to perform more or different procedures than I agreed to.

During the procedure the provider may need to do tests or treatment.

Small tissue samples might be removed. They may be kept for research or teaching. I agree the hospital may discard the tissues in a proper way.

Students, technical sales people and other staff may be present during the procedure. My provider 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.



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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 provider. My questions have been answered.
 - I want to have this procedure: **Radiology Guided Paracentesis** _____
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- I understand that my provider may ask a partner to do the surgery/procedure.
 - I understand that other providers, including medical residents or other staff may help with surgery. The tasks will be based on their skill level. My provider will supervise them.

Patient Signature: _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

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:

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: _____