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| Affix Patient Label | |
| Patient Name: | Date of Birth: |

Informed Consent: Radiology Guided Thoracentesis

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

Thoracentesis is done to remove fluid from the chest. A small tube (catheter) is placed into the chest cavity. The catheter is placed between ribs, outside the lungs. Local anesthetic is injected to numb the area. Ultrasound, or in some cases CT or fluoroscopy, will be used to select a location to place the catheter. Fluid is removed by attaching the tube to a suction device or by using a syringe to remove it. Most patients experience very little discomfort. In some cases, there can be temporary chest pain or coughing if a large amount of fluid is removed.

Reason and Purpose of the Procedure:

- Remove fluid from the chest cavity to improve breathing 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.

- Improved breathing.
- 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 Thoracentesis:

- **Lung injury.** This is rare. Air could leak out of the lung into the chest cavity. A chest tube might be needed.
- **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 could require placement of a chest tube, a blood transfusion or an emergency procedure to stop bleeding.
- **Fluid buildup in the lungs.** In very rare cases after removing a large amount of fluid from the chest cavity, fluid can build up in the lung. This can cause serious breathing problems.
- **Injury to the diaphragm or abdominal organs.** This could cause bleeding or infection.

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.

If you choose not to have this treatment:

- Your breathing may get worse or not improve.
- Your treatment may be more difficult without a diagnosis.

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 Thoracentesis** _____
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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: _____