



Affix Patient Label

Patient Name:

Date of Birth:

### Informed Consent: Tunneled Peritoneal Drainage Catheter Removal

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

#### Reason and Purpose of this Procedure:

To remove the peritoneal drainage catheter.

The doctor will open the incision around the tube site. The doctor will loosen the catheter from the scar tissue that has formed around it. The catheter will be removed. The incision will be closed and a dressing applied. Sometimes it is necessary to make another incision next to the catheter to remove it.

Local anesthetic will be injected around the entrance site and along the path it takes to your peritoneal space (the space around your abdominal organs). During the procedure you will be given some intravenous medication to relax you and for the pain. 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.

- Remove the peritoneal drainage catheter.
- Help clear any infection involving the peritoneal drainage catheter.

#### 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.
- **Infection.** Infection can occur in the skin around catheter. It is important that you follow directions in caring for your dressing.
- **Inability to remove the entire catheter.** This is rare but may require additional procedures.
- **Injury to tissue or organs adjacent to 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.

#### 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:**

- Your doctor may find it more difficult or not possible to treat your problem.

**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.



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**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: **Tunneled Peritoneal Drainage Catheter Removal** \_\_\_\_\_
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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: \_\_\_\_\_

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: \_\_\_\_\_