



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent: Venous Cutdown

This information is given to you so that you can make an informed decision about having a venous cutdown procedure.

Reason and Purpose of the Procedure

A venous cutdown is a procedure done to access your vein. It is done when your vein cannot be accessed through the skin.

An incision is made in the skin to expose the vein. This allows a provider to insert a cannula or small tube in the vein.

Benefits of this surgery:

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.

- **Rapid access to your vein.**

Risks of Surgery:

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 surgery:

- Clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- Bleeding may occur. If bleeding is excessive, you may need a transfusion.

Risks of this surgery:

- **Infection:** This is rare but may require antibiotics or more surgery.
- **Failed cannulation:** You may need more attempts or other treatments.
- **Nerve injury:** This can cause temporary or permanent damage. Nerves can take weeks or more time to heal.
- **Air embolism:** Air embolism may occur as a result of a large volume of air entering the vein. This can cause heart attack, stroke, or respiratory failure. This is very rare.

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.



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- Placement of a central venous catheter using ultrasound.
- Infusion into bone marrow.

If you choose not to have this treatment:

- You might not be able to receive emergency treatment or medications to help improve your condition.

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.

I understand that in the event of an emergency my doctor may ask a partner to do the surgery.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be done 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: **Venous Cutdown** _____
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- I understand that my doctor may ask a partner to do the surgery.
 - 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.

Provider: This patient may require a type and screen or type and cross prior to surgery. If so, please obtain consent for blood/products.

Patient Signature: _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

Interpreter's Statement:

I have interpreted this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Voice/Video Service: _____ Interpreter ID#: _____ Date: _____ Time: _____

Interpreter's name (print): _____ Agency: _____

Interpreter's Signature: _____ Date: _____ Time: _____

Interpreter (if applicable)

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: _____