

## Informed Consent for Bronchoscopy ± Biopsy

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

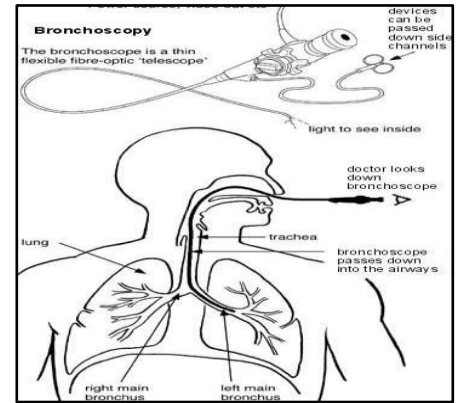
**Medical Condition**  
 The doctor has explained that I/my child/my .....have the following medical condition:  
 .....  
 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:  
 .....  
 I authorise Dr. .... and his/her associates to perform the above treatment/ procedure.  
 The doctor should document the site and/or side where relevant to the procedure:.....

**Introduction**

Bronchoscopy is a procedure that allows the doctor to examine your trachea (windpipe), bronchi (branches of the airway) and some areas of the lung. A short thin flexible tube with a mini camera (bronchoscope) attached to its tip is used for this procedure. The bronchoscope is usually passed through your mouth/nose, into your trachea and bronchi. This helps the doctor to get a clear view of your airway. The scope also allows the doctor to collect lung secretions and lung tissue for biopsy for tissue specimens.

In children, this procedure maybe used to remove foreign objects that have been inhaled. In adults, the procedure is most often used to take samples (biopsy) of suspicious lesions and for culturing specific areas in lung.

You will have one of the two types of bronchoscopies: Flexible or rigid.



Procedure to be performed:

- Bronchoscopy with Biopsy**       **Bronchoscopy without Biopsy**

A **flexible bronchoscope** can bend to give the doctor a better view of the airway. It is more comfortable than the rigid bronchoscopy and doesn't require general anaesthesia to put you to sleep.

- You may remain awake during the procedure.
- A medicine will be sprayed into your mouth or nose, so that you don't feel pain and feel relaxed. The medicine may be bitter.
- The doctor will gently insert the bronchoscope into your mouth or nose and toward your vocal cords. More medicine will be sprayed through the bronchoscope to numb your vocal cords.
- You may feel pressure in your airway as the bronchoscope is moved ahead.
- A large X-ray machine may be placed above you to help the doctor position the biopsy forceps.
- Tissues or fluid samples may be taken using tiny tools that are attached to the end of the bronchoscope.

A **rigid bronchoscope** doesn't bend. It is used to remove large tissue samples for testing. It can also clear the airway of objects that can't be removed with a flexible bronchoscope. It is less common than flexible bronchoscopy and usually requires general anaesthesia.

- The procedure will be performed under general anaesthesia.
- A breathing tube will be placed in your throat and a machine will help you breathe.
- Once you're asleep, your head will be tilted back. And your doctor will gently insert the bronchoscope into your mouth through the tube.
- Tissues or fluid samples may be taken using tiny tools that are attached to end of the bronchoscope.

**Endobronchial ultrasound transbronchial needle aspiration** uses a special type of bronchoscope which has a video and ultrasound probe at the tip of the scope. The endobronchial ultrasound scope allows to locate mediastinal lymph nodes, endobronchial mass which improves the chances of diagnosis and in staging of cancer.

- A medicine will be sprayed into your mouth or nose, so that you don't feel pain and feel relaxed. The medicine may be bitter.
- The doctor will gently place the endobronchial ultrasound scope through your mouth or nose towards the vocal cords. More medicine will be sprayed through the bronchoscope to numb the vocal cords.
- Tissue or fluid sample may be taken using tiny tools that are attached to the end of the bronchoscope.

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The biopsy samples will be sent to the laboratory for testing and for examination under the microscope. Sometimes bronchial lavage will be done. This is a procedure where some fluid is squirted into a section of the lung and then syringed back. The fluid is then examined in the laboratory to look for abnormal cells and other particles that may be present in certain diseases.

### Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

### Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

#### Intended Benefits (To be documented by doctor)

- To diagnose a problem in the airway.
- To treat a problem in the airway.
- To take tissue or fluid samples for testing.
- Others, if any specify:

#### Alternatives (To be documented by doctor)

Depending on your condition, alternatives to bronchoscopy may include:

- A CT guided biopsy.
- Surgery (to obtain tissue samples).
- Others, if any specify:

#### Possible Risks and Complications (To be documented by doctor)

Problems are rare, but may include:

- Breathlessness
- Cough
- Spasms of the walls in the airway
- Irregular heartbeat
- Fall in oxygen level
- Infection
- Hoarse voice
- Respiratory failure which can require intubation and mechanical ventilation
- Anaesthesia related complications such as excessive sedation and breathing depression. Rarely allergy or anaphylaxis to anaesthetic medications

If a tissue sample is taken for testing, problems may include:

- A tear in the lung from the tiny tools used, allowing air into the space around the lungs (a pneumothorax)
- Bleeding
- Death

- Others, if any specify:

#### Patient Specific Risks (To be documented by doctor)

1)

2)

3)

4)

#### Specific Notes Related to Procedure (Strike out if not required)

**Precise Action Points Understood by the Patient/Substitute Decision Maker** (To be documented by patient/substitute decision maker in his/her language)

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### Patient's Authorisation

- The doctor has explained my/patient's medical condition and proposed treatment/procedure. I have been explained and have understood the intended benefits/risks known to be attached with the planned treatment/procedure including the risks that are specific to me/ patient and their likely outcomes.
- The doctor has explained other relevant/alternate treatment options and their associated benefits/risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
- I was able to ask questions and raise concerns with the doctor about the procedure and its benefits/risks and my/patient's treatment options. My queries and concerns have been discussed and answered to my full satisfaction.
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
- I understand that if organs or tissues are removed during the surgery that these may be retained for prescribed tests and shall be disposed of sensitively by the hospital as per the regulatory provisions.
- The doctor has explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above-named physician/surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants.
- I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.
- I understand that I have the right to refuse treatment before the procedure. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital and I shall be solely responsible for the outcome of such refusal.

- I consent to if any photographing or television of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However, suitable precautions shall be taken by the hospital that my identity is not revealed anywhere.  **Yes**    **No**
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room.  **Yes**    **No**

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

### Declaration by the Doctor

I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.

Name and Signature of the Doctor with Reg No:

Date and Time: