

Informed Consent for Thoracotomy

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/myhave the following medical condition:

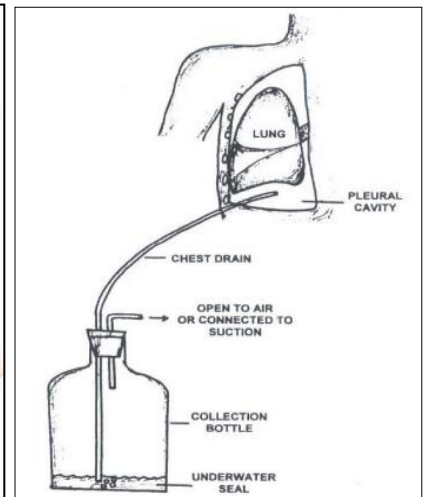
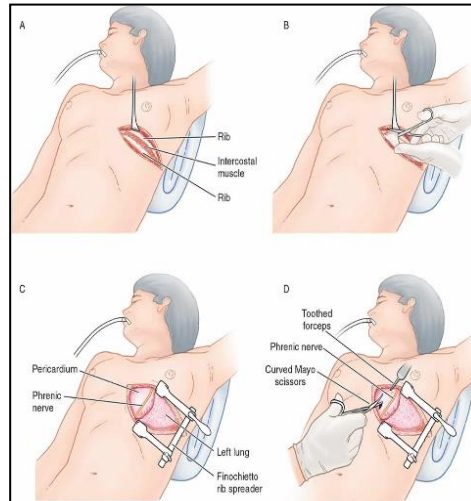
 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

 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

A thoracotomy is an operation to open the chest wall to examine and operate on the organs inside the chest.

The organs in the chest include the heart, lungs, windpipe (trachea) and food pipe (oesophagus). It is typically done on the right or left side of the chest. The doctor will administer general anaesthesia. During surgery, your chest wall will be opened to provide access to the lungs. The surgeon will remove the tissue and/or tumour from the lungs or operate on other structures in the chest as necessary. To make sure that the lungs stay inflated and that there is no collection of blood or air in the chest, the surgeon will insert one or more catheters (chest tubes) into the lungs through the skin. These catheters will be connected to a suction bottle.



One or more of the following will be performed (separate consent to be taken for the following listed procedure):

- Lobectomy** - removal of a lung lobe **Lung Resection** - removal of a portion of lung **Pneumonectomy** - total removal of a lung

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).

Potential Benefits (To be documented by doctor)	Risks and Potential Complications (To be documented by doctor)	Patient Specific Risks (To be documented by doctor)	Alternatives (To be documented by doctor)
Thoracotomy can treat a lung problem to improve your symptoms. Specific benefits depend on the type of problem your thoracotomy is being used to treat. They are as follows: 1) 2) 3) 4)	<ul style="list-style-type: none"> • Bleeding may occur during or after the operation and it may require reoperation. • There may be inflammation of the lungs • May develop a pneumothorax (an air space in the chest outside the lung), necessitating a longer hospital stay • Cardiac arrhythmias (abnormal heart rhythms); existing heart problems may become worse • Blockage of a blood vessel in the leg (deep vein thrombosis) with potential for blood clots in the lung (pulmonary embolism). • May develop pneumonia, infection, or haemorrhage or air leaks • Pain at the operative site • Shortness of breath 	1) 2) 3) 4) 5)	<ul style="list-style-type: none"> ▪ Thoracoscopy: It involves smaller incisions, smaller tools and the use of a tube with a tiny camera at the end (a video scope) ▪ Others, if any specify:

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- Adverse reaction(s) to the sedatives/analgesics that may result in nausea, vomiting, seizures, hallucinations, allergic reaction, skin rash, fever or cardiac arrhythmias requiring drug treatment.
- Postoperative build-up of fluid in the lung
- Need for complete removal of the lung
- Cardiac arrest
- Death
- Others, if any specify:

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)

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/my 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 surgery/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**

Hospital Logo

Patient Identification Label

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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:	