



**CONSENT FORM  
FOR  
BRONCHOSCOPY - FLEXIBLE**

Med Rec. No.....

Surname:.....

Forename: .....

DOB:.....

AFFIX LABEL HERE

**PROPOSED TREATMENT**

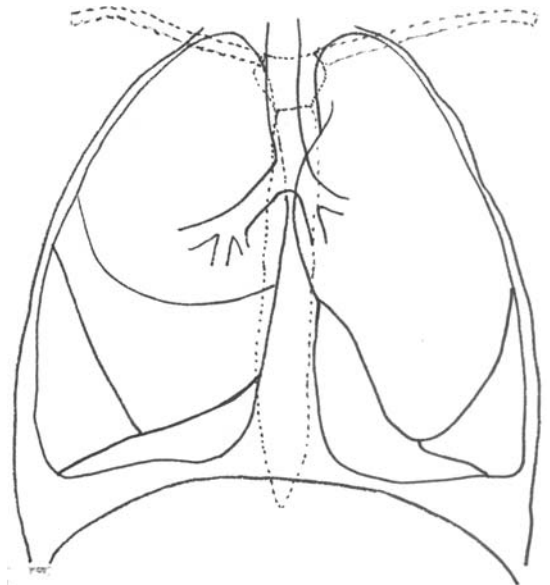
The doctor has explained that I, *(name of patient)* .....  
have the following condition:.....  
and that a **flexible bronchoscopy** is proposed:

**This means examining the air passages internally using a flexible telescope. Small tissue samples may be taken for detailed examination. The bronchoscopy may be done under a general or local anaesthetic. Your surgeon will advise you which is suitable for you.**

**Local anaesthetic:** The patient may be given a light sedative. Local anaesthetic is sprayed onto the back of the throat and the patient sits with their head tipped slightly backwards. The surgeon passes the small telescope through the nose and along the air passages.

**General anaesthetic:** When the patient is asleep, the surgeon passes the telescope via the anaesthetic tube to examine the air passages.

Small tissue samples may be taken from any abnormalities within the airways or through the air passage walls (transbronchial biopsy) if the abnormality lies close by. Foreign bodies may also be removed.



**RISKS**

*These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your thoracic surgeon if you have any general or specific concerns.*

I understand there are risks associated with any **anaesthetic** (see separate *Anaesthetic Consent Form*).

I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand the procedure has the following **specific risks and limitations**:

- The local anaesthetic numbs the back of the throat so I will not be able to eat or drink until normal sensation returns after a short while.
- Because of the drugs that will be used, I am unlikely to remember the procedure afterwards.
- The bronchoscope, or the instrument used to take a tissue sample, may perforate the air passages. If an air leak develops as a result, I may need a chest drain to remove air trapped between my lung and the chest wall.
- I may bleed from a sample site. This may occasionally be heavy, requiring a blood transfusion and rarely may need an urgent operation to control blood loss.
- I may have some abnormal heart rhythms during or shortly after the procedure.

**INDIVIDUAL RISKS**

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....  
.....

**CONSENT FORM**  
**FOR**  
**BRONCHOSCOPY – FLEXIBLE**  
**(CONTINUED)**

Med Rec. No.....  
Surname:.....  
Forename: .....  
DOB:.....

**DECLARATION BY PATIENT**

- I acknowledge the thoracic surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the thoracic surgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my thoracic surgeon during this operation.
- I consent to a **blood transfusion**, if needed (*patient to circle and initial choice*) **YES      NO**
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist thoracic surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.

Signature of patient \_\_\_\_\_ Date \_\_\_\_\_

*If the patient is an adult and unable to give consent, a proxy form must be completed and attached*

**DECLARATION BY DOCTOR**

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's name \_\_\_\_\_  
*(print name)*

**INTERPRETER'S DECLARATION** - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's signature \_\_\_\_\_

Interpreter's name \_\_\_\_\_ Date \_\_\_\_\_  
*(please print)*