



CONSENT FORM FOR LUNG VOLUME REDUCTION SURGERY

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

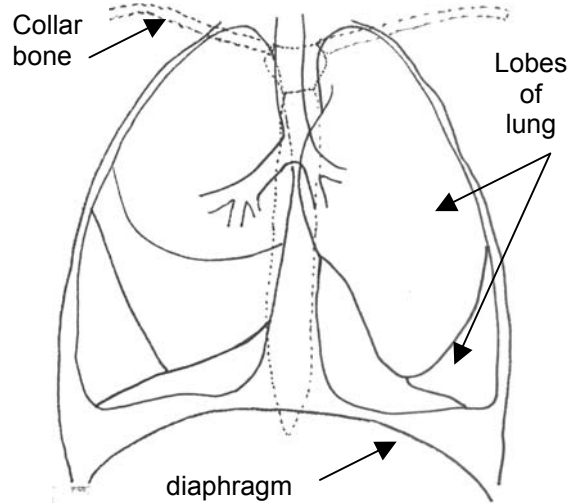
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*), have **emphysema** and that **thoracoscopic lung volume reduction surgery** on theside is proposed:

This means removing the poorest functioning parts of the lung to allow the better parts to expand to make breathing easier and more efficient.

Under a general anaesthetic, one lung is collapsed to give the surgeon a good view, and the patient breathes temporarily on the other lung. Several small cuts are made between the ribs for the telescope and other instruments and the lung is freed from its tissue connections. The upper half of the upper lobe is removed using a stapler.

To encourage the remaining lung to remain inflated afterwards, the lining of the chest wall may be cleared away. One or two tube drains are left in the chest to monitor air leaks, remove secretions and allow the lung to re-expand.



RISKS

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

I understand there are risks associated with any **anaesthetic** (see *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**:

- Air may leak around the staple lines into the chest cavity. If too much air leaks in this way, the lung may collapse and I may need a chest drain and further surgery.
- My wounds may become infected, with redness, swelling and discharge. I may need antibiotics to treat this.
- I may develop pneumonia with fever, cough and shortness of breath. I may need physiotherapy and antibiotics to treat this.
- I may have some bleeding in the chest cavity. If significant, this may require a transfusion or possibly a return to theatre
- The benefits I can expect are at least partly dependent on how well I stick to, and participate in, my rehabilitation program after the operation.
- I may have a heart attack due to stress from the operation.
- I may suffer a stroke.
- My condition may not improve after the operation and the result is likely to be temporary.
- I have a very small risk of dying as a result of the operation.

I understand some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

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:

.....
.....

[HOSPITAL]

**CONSENT FORM
FOR
LUNG VOLUME REDUCTION
SURGERY**

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DECLARATION BY PATIENT

- I acknowledge the 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 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 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 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

(please print)

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

Date

Interpreter's name

(please print)