



**CONSENT FORM
FOR
THORACOTOMY &
PNEUMONECTOMY**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

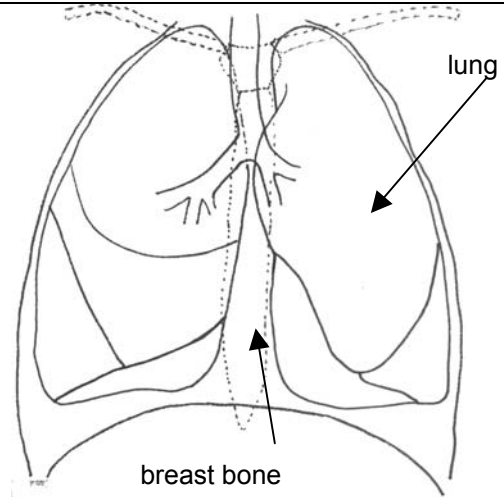
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*), have the following condition..... and that a **thoracotomy & pneumonectomy** on theside/s is proposed:

This means opening the chest and removing one lung.

Under a general anaesthetic, a catheter is placed in the bladder. The chest is opened through a cut that follows the line of a rib, extending from under the arm onto the middle of the back.

The ribs are spread to give the surgeon access to the chest and the lung is removed together with its lymph nodes. The air passages to that lung are closed using stitches or staples and a plastic tube placed through the chest wall to drain secretions and help keep the remaining lung in the correct position. The chest is then closed. The chest drain may remain in place for several days.



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 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**:

- I may have an abnormal heart rhythm or palpitations after the operation that may need treatment.
- My remaining lung may develop a problem called pulmonary oedema (the lung tissue becomes swollen with fluid). This can be treated but can be life threatening.
- I may have localised areas of lung tissue collapse, which may make a lung infection more likely. I will have breathing exercises and physiotherapy to help reduce this risk
- I may have some bleeding from the operation site and I may have to return to theatre.
- The air passage (bronchus), which served this lung, may continue to leak air and require further surgery.
- My chest wound or chest cavity may become infected.
- I may have persistent pain in part of my chest that may take some weeks to improve.
- I may not be able to exercise as much afterwards because of shortness of breath.
- The disease may return.
- There is a chance I may die during the operation or in the early days afterwards.

I understand 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 may affect my decision to agree to have this operation:

.....
.....

[HOSPITAL]

**CONSENT FORM
FOR
THORACOTOMY &
PNEUMONECTOMY**

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

AFFIX LABEL HERE

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)