



**CONSENT FORM
FOR
BRONCHOSCOPY – RIGID**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

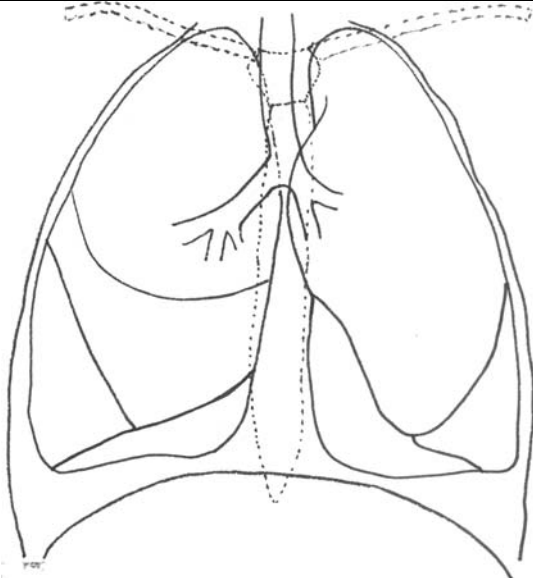
PROPOSED TREATMENT

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

This means examining the air passages internally using a rigid telescope (bronchoscope). Small tissue samples (biopsies) can be taken for microscopic examination and any abnormalities can be assessed.

Under a general anaesthetic, the patient lies on their back with their head tipped slightly backwards so their mouth, throat and windpipe are in line. The anaesthetist controls the patient’s breathing, while the surgeon passes the bronchoscope tube and light along the passages to examine the tissues.

Small tissue samples may be taken from any abnormalities seen in the airways and these are sent for detailed microscopic examination. Any foreign bodies are removed or other treatments performed and any bleeding is controlled.



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 a **rigid bronchoscopy** has the following **specific risks and limitations**:

- There may be some damage to my teeth, gums or lips from the instrument.
- I may have a sore throat or hoarse voice afterwards that will improve over some hours.
- The bronchoscope, or the instrument used to take a tissue sample, may perforate my 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.
- If a foreign body cannot be removed using the bronchoscope, my chest may need to be opened.
- 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:

.....
.....

[HOSPITAL]

**CONSENT FORM
FOR
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(CONTINUED)**

Med Rec. No.....
Surname:.....
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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

Date

Interpreter's name
(please print)