



**CONSENT FORM  
FOR  
THORACOSCOPY  
& BIOPSY**

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

AFFIX LABEL HERE

**PROPOSED TREATMENT**

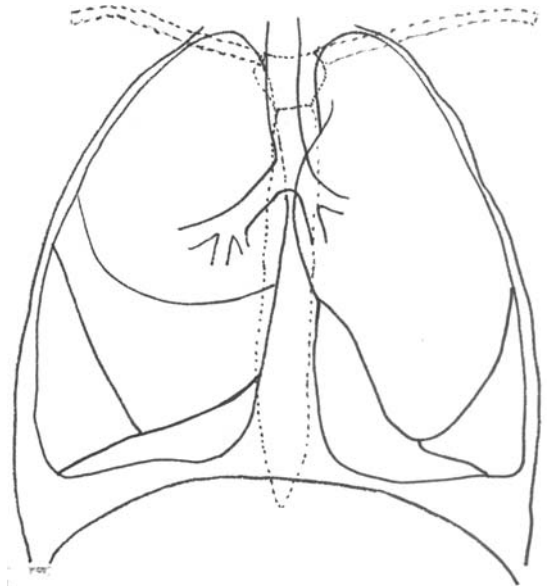
The doctor has explained that I, (*name of patient*) .....  
have the following condition:..... and  
that a **thoracoscopy & biopsy** is proposed:

**This means inspecting the inside of the chest, the organs and supporting tissues using a special tube (thoracoscope). Small samples can be taken for detailed examination.**

**Under a general anaesthetic, using a special anaesthetic tube, the anaesthetist collapses one lung to give the surgeon a good view, while allowing the patient to breathe temporarily using the other lung.**

**Three or four small cuts are made on the chest wall for the thoracoscope. Other instruments may also be needed eg. for taking samples, dissecting tissues and moving the lung around. One or more small samples of tissue may be taken and sent for microscopic examination.**

**At the end of the procedure, the air between the lung and the chest wall is removed using a tube drain. This allows the lung to re-expand, usually over 1-3 days.**



**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 **thoracoscopy & biopsy** has the following **specific risks and limitations**:

- If the surgeon cannot complete the operation safely using the thoracoscope, I may need to have an open operation (thoracotomy). Reasons for this may include a poor view of the tissues.
- Any tissues within my chest cavity may be unintentionally injured and I may have to have treatment either via the thoracoscope or via an open chest operation.
- My lung may fail to re-expand quickly and my chest drain may need to remain in place for several weeks.

**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:

.....  
.....

MR CONSENT FORM FOR THORACOSCOPY & BIOPSY

[HOSPITAL]

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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)