



CONSENT FORM FOR THORACOTOMY & LUNG RESECTION

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

AFFIX LABEL HERE

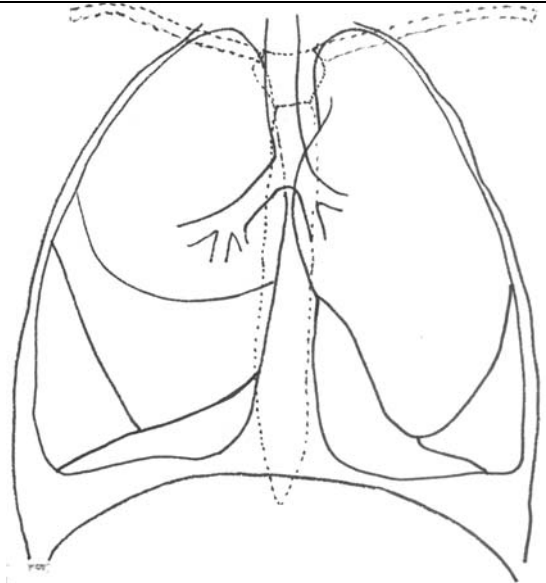
PROPOSED TREATMENT

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

This means opening the chest and removing part of one lung. How much tissue needs to be removed may only be decided finally at the time of surgery.

Under a general anaesthetic, a urinary catheter is placed in the bladder. The patient lies on the opposite side to the operation site. The chest is opened through a cut that follows the line of a rib, and runs from under the arm onto the middle of the back.

The ribs are spread to give the surgeon access to the lung, and the lung tissue is then removed, sometimes with some of its lymph nodes. The air passages to that lobe are closed using stitches or staples. A plastic tube drain is laid in the chest to drain air and secretions and help the remaining lung to re-expand. The chest is then closed.



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 **thoracotomy and lung resection** has the following **specific risks and limitations**:

- I may have an abnormal heart rhythm or palpitations after the operation that may need treatment.
- As my remaining lung re-expands, an air space may continue (pneumothorax), which may need treatment.
- I may have small 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 if this doesn't stop.
- The air passage (bronchus), which served this lobe, may continue to leak air and I may need further surgery.
- My chest wound may become infected and may need treatment.
- I may have persistent pain in part of my chest.
- I may notice I am short of breath afterwards.
- My disease may return.
- There is a small chance I may die.

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
THORACOTOMY &
LUNG RESECTION
(CONTINUED)**

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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)