



CONSENT FORM FOR LIVER BIOPSY

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

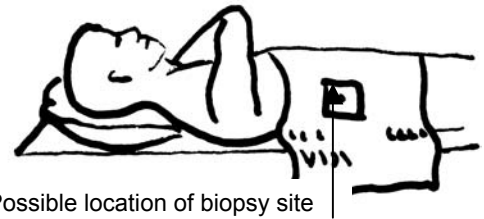
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*) have the following conditionand that a **liver biopsy** is proposed:

This means using a special, hollow needle to take a small sample of liver tissue for more detailed examination. In some cases, ultrasound equipment may be used to guide the needle.

Under a local anaesthetic, the upper and lower borders of the liver and of the ribs on the right are identified. A small cut is made in the skin, and a special needle is used to take one (sometimes several) core samples of liver tissue approximately 15x2mm in size. The wound is dressed, and the patient lies on his/her right side for a period.

Regular blood pressure, pulse, abdominal girth and breathing rate measurements are taken for a period after the procedure.



Possible location of biopsy site

RISKS

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

I understand that **liver biopsy** has the following **specific risks and limitations**:

- There may be some bleeding after the procedure from the small needle hole, despite my blood clotting tests being checked routinely beforehand. If the doctors anticipate bleeding might be a real risk, I will be given special clotting factors into a vein before the biopsy is taken. Sometimes, blood transfusion may be necessary. In very rare cases, surgery or X-ray guided procedures may be needed to stop the bleeding. The consequences of any bleeding will depend on how serious the underlying disease is.
- There may be a leak of bile from the liver into the abdomen for the same reason. This may cause pain, but usually settles by itself. In very rare cases, surgery or X-ray guided procedures may be needed to treat this.
- As the lower parts of the lungs lie close to the liver, the biopsy needle may very rarely puncture the lung inadvertently. This may require a special drain to remove any air leaks.
- Other organs, such as the gall bladder, kidney and bowel, also lie close beside the liver and may very rarely be punctured during the procedure. If this happens, I may need to go to theatre for an operation.
- Very rarely, I may develop an infection at the biopsy site, or in certain rare diseases, in the blood.
- Very occasionally, complications of a liver biopsy may be life-threatening.

SIDE EFFECTS

- It is not unusual to have some upper right abdominal discomfort or right shoulder tip for up to 24 hours after the procedure. This usually responds to simple pain medication, but occasionally can be more severe.
- Rarely, I may feel faint (vasovagal attack) during or shortly after the procedure. This usually responds to observations or fluids.

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

HOSPITAL

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INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my personal circumstances**, that I have considered in deciding I will have this investigation:

.....
.....

DECLARATION BY PATIENT

- I acknowledge the doctor has informed me about the investigation and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the doctor any significant risks and complications **specific to my personal circumstances** that I have considered in deciding to have this investigation.
- I agree to **any other additional procedures** considered necessary in the judgement of my doctor during this procedure.
- 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 gastroenterologist may perform the investigation. A specialist will still be responsible for my care.
- I have received a copy of this form to take home with me.
- If any staff member is injured or exposed to my blood or other body fluid then I give my consent to a sample of my blood being collected for the purpose of testing for infectious diseases, such as Hepatitis B, C and HIV. I understand that no testing of the blood sample will be carried out without prior discussion and my explicit consent.

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 of the patient's condition, the procedure 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 _____

Doctor's name _____ Date _____
(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)