



CONSENT FORM FOR TRACHEOSTOMY

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

PROPOSED TREATMENT

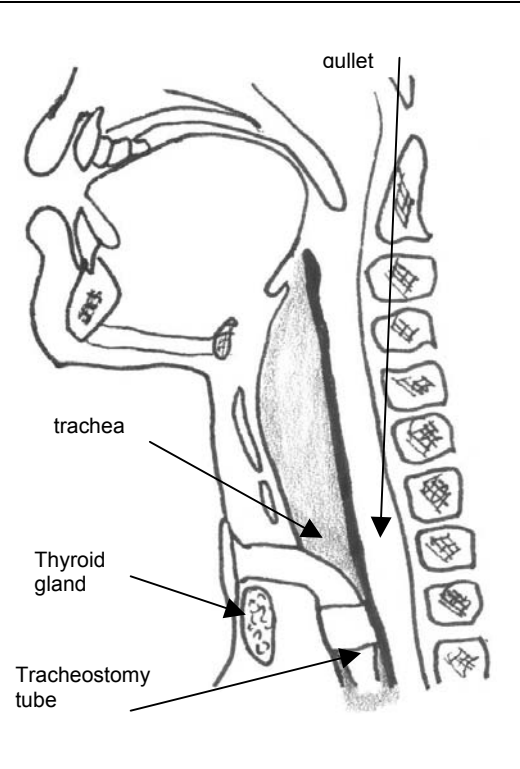
The doctor has explained that I, *(name of patient)*, need help to breathe and a **tracheostomy** is proposed:

This means making an opening in the windpipe (trachea) to help my breathing. It may be temporary or permanent.

This can be done under a general anaesthetic or if the patient is already on a ventilator, it can be done at the bedside using local anaesthetic and a sedative. The surgeon makes a cut in the skin of the neck below the voice box and separates the small muscles underneath so the windpipe can be seen clearly. In some cases, the bridge of thyroid tissue linking the two thyroid lobes needs to be cut and oversewn before the windpipe can be seen.

A cut is made through one of two cartilage rings of the windpipe and either a flap is made or a small piece of the front of the windpipe is removed. The size of the windpipe is measured so the right size of metal or plastic tube is used. The tube which patient has been using to breathe through the mouth is pulled back slowly and once it is clear of the hole in the windpipe, the new tube is put into the windpipe in its place.

The new tube has a small balloon that is inflated to stop secretions running down into the lungs. The breathing machine is connected to the new tube and the skin wound is closed. A tape is tied around the neck to hold the tube in position.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your general 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**:

- My wound may rarely become infected, becoming red painful, swollen and possibly developing a discharge. I may need antibiotics if this happens
- The tube may become contaminated and infection of the skin, lungs or windpipe can follow. This risk can be reduced by careful care of the tube.
- Bleeding can happen even after some time and rarely may require urgent surgery.
- Uncommonly, air may leak between my lung and my chest wall during the operation (pneumothorax) and this may need to be drained using a chest tube.
- The tube may become blocked by a mucus plug and need urgent suction to clear the block.
- If the tube presses on my gullet (oesophagus) at the back of my windpipe, I may find it difficult to swallow.
- The tube may be dislodged and require urgent treatment to allow me to continue breathing safely.

If the tube is needed for a long time, I understand that:

- my windpipe may become scarred and narrow or abnormally soft. This may require surgical correction.
- my voice may be weakened
- The tube may press on my oesophagus and cause an abnormal opening between my oesophagus and windpipe (tracheo-oesophageal fistula) that will need an operation to correct it.

RISKS CONTINUED OVERLEAF →

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RISKS CONTINUED

I understand some of 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 I have considered in deciding to have this operation:

.....

.....

DECLARATION BY PATIENT

- I acknowledge the general 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 general 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 general 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 general 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 _____