Queensland Government

Abdominal Aortic Aneurysm

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

A. Interpreter / cultural needs

An Interpreter Service is required? ☐ Yes ☐ No

If *Yes*, is a qualified Interpreter present? ☐ Yes ☐ No

A Cultural Support Person is required? ☐ Yes ☐ No

If *Yes*, is a Cultural Support Person present? ☐ Yes ☐ No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....

This condition requires the following procedure. *(Doctor to document - include site and/or side where relevant to the procedure)*

.....

.....

The following will be performed:

An abdominal aortic aneurysm is the removal of a weakened and swollen area of the main blood vessel in the abdomen (the aorta) and replacement with an artificial graft.

C. Risks of an abdominal aortic aneurysm

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Specific risks:

- The graft may leak with loss of blood, which may need further surgery.
- Deep bleeding in the abdomen. This may need fluid replacement or further surgery. Bleeding may be uncontrollable and result in death.
- Damage to the blood supply to the kidney. The kidneys could fail and kidney support (dialysis) may be necessary.
- Damage to the blood supply to the gut, which may cause peritonitis or long term strictures.
- The function of the lungs may fail and respiratory failure may occur with need for a tracheostomy and ventilation of the lungs.
- Damage to the bowel, which may cause leakage of bowel fluid. This may require a colostomy.
- Infections such as pus collections in the abdominal cavity. This may need surgical drainage. If the graft becomes infected, it may have to be removed. If this happens, there may be loss of limb or death in 1 in 3 cases.
- The bowel movement may be paralysed or blocked after surgery and this may cause building up of fluid in the bowel with distension of the abdomen and vomiting. Further treatment may be necessary for this.
- A weakness can occur in the wound with the development, complete or incomplete, bursting of the wound in the short term, or a rupture in the long term.
- The graft may leak and form a false aneurysm' ie. a swelling beside the graft closed in by old blood clot.
- The graft may stick to the gut. A connection may develop between the graft and this part of the bowel and cause major blood loss. If this happens, there is a high risk (1 in 2) of death.
- Healing of the wound may be abnormal and the wound can be thickened and red (a keloid scar) and the scar may be painful.
- Adhesions (bands of scar tissue) may form and cause bowel obstruction. This can be a short term or a long term complication and may need further surgery.
- There can be damage to the blood supply to the spinal cord, which can cause paraplegia (paralysis from the chest down). This may be temporary or permanent. If permanent, it will cause permanent disability in 1 in 1000 cases.
- Blockage of the graft. This may cause loss of limb.
- Blockage of blood flow to the buttock. Depending on the extent of the blockage, there may be pain on walking or death of tissue.
- Impotence with retrograde ejaculation in 1 in 6 males.
- Inability to pass urine, which will need a tube (catheter) put into the bladder to drain the urine. This can be a long term problem.
- Death occurs in 1 in 20 people. Major complications occur in 1 in 10 people.

DO NOT WRITE IN THIS BINDING MARGIN

PROCEDURAL CONSENT FORM

v4.00 - 04/2011
SW9307

Continues over page ►►►

Queensland Government

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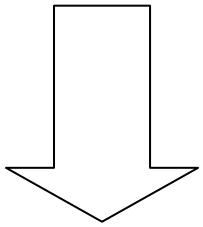
D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

- This consent document continues on page 3 -



E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

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G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- ☐ **About Your Anaesthetic**
- ☐ **Abdominal Aortic Aneurysm**
- ☐ **Blood & Blood Products Transfusion**

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

I request to have the procedure

Name of Patient: .....

Signature: .....

Date: .....

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

☐ Yes ▶ Location of the original or certified copy of the AHD: .....

☐ No ▶

Name of Substitute Decision Maker/s: .....

Signature: .....

Relationship to patient: .....

Date: ..... PH No: .....

Source of decision making authority (tick one):

- ☐ Tribunal-appointed Guardian
- ☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
- ☐ Statutory Health Attorney
- ☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: .....

Designation: .....

Signature: .....

Date: .....

I. Interpreter's statement

I have given a sight translation in

.....

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: .....

Signature: .....

Date: .....

DO NOT WRITE IN THIS BINDING MARGIN

04/2011 - v4.00

Queensland Government

Consent Information - Patient Copy
Abdominal Aortic Aneurysm

1. What do I need to know about this procedure?

An abdominal aortic aneurysm is the removal of a weakened and swollen area of the main blood vessel in the abdomen (the aorta) and replacement with an artificial graft.

2. My anaesthetic

This procedure will require an anaesthetic.

See **About Your Anaesthetic information sheet** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

3. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
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Specific risks:

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- Damage to the blood supply to the kidney. The kidneys could fail and kidney support (dialysis) may be necessary.
- Damage to the blood supply to the gut, which may cause peritonitis or long term strictures.
- The function of the lungs may fail and respiratory failure may occur with need for a tracheostomy and ventilation of the lungs.
- Damage to the bowel, which may cause leakage of bowel fluid. This may require a colostomy.
- Infections such as pus collections in the abdominal cavity. This may need surgical drainage. If the graft becomes infected, it may have to be removed. If this happens, there may be loss of limb or death in 1 in 3 cases.
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- A weakness can occur in the wound with the development, complete or incomplete, bursting of the wound in the short term, or a rupture in the long term.
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- Impotence with retrograde ejaculation in 1 in 6 males.
- Inability to pass urine, which will need a tube (catheter) put into the bladder to drain the urine. This can be a long term problem.
- Death occurs in 1 in 20 people. Major complications occur in 1 in 10 people.

Notes to talk to my doctor about:

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04/2011 - v4.00