



## Generic Consent Form -Complex Endoscopic Procedures

Facility:

(Affix identification label here)		
URN:		
Family name:		
Given name(s):		
Address:		
Date of birth:	Sex: M F I	
Rare risks and complications include:		
Variable and the second of the		

## A. Interpreter / cultural needs

An Interpreter Service is required?

Yes No
If Yes, is a qualified Interpreter present?

Yes No

## B. Condition and treatment

Doctor to cross out and initial any statements on the 'Generic Consent' <u>not</u> relevant to this patient's procedure.

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

Most endoscopic procedures are generally uncomfortable. If you are not fairly relaxed a sedative injection or a light anaesthetic is usually given to make the procedure less unpleasant.

This procedure may or may not require a sedation anaesthetic.

## C. General risks of sedation

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

## Common risks and complications include:

- Nausea and vomiting.
- Faintness or dizziness, especially when you start to move around.
- Headache.
- Pain, redness or bruising at the sedation injection site (either in the hand or arm).
- · Muscle aches and pains.
- Allergy to medications given at time of the procedure.

## Uncommon risks and complications include:

- Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia.
   Emergency treatment may be necessary.
- Damage to your teeth or jaw due to the presence of instruments in your mouth.
- 'Dead arm' type feeling in any nerve, due to positioning with the procedure – usually temporary.
- An existing medical condition that you may have getting worse.

- Your procedure may not be able to be finished due to technical problems.
- Bacteraemia (infection in the blood). This will need antibiotics.

Death as a result of complications to this

- Stroke resulting in brain damage.
- Anaphylaxis (severe allergy) to medication given at the time of procedure.

proced	lure is r	are.	·		

## D. Risks of this procedure and treatment options

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

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	· tc
document type of anaesthetic discussed)	





## Generic Consent Form -Complex Endoscopic Procedures

Facility:

(Affix identification label here)				
URN:				
Family name:				
Given name(s):				
Address:				
Date of birth:		Sex: M	∏F ∏I	

I request to have the procedure

## 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:

 mation oncet/s.
About Your Anaesthetic OR
Local Anaesthetic & Sedation for Your Procedure
Generic Consent – Complex Endoscopic Procedures
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,

-				
Name of Pa	tient:			
Signature:				
Date:				
Patients who lack capacity to provide consen				
Consent must be obtained from a substitute decision maker/s in the order below.				
Does the (AHD)?	patient have an Advance Health Directive			
☐ Yes ►	Location of the original or certified copy of the AHD:			
ا ا	10 1 11 1			
∐ 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			

## 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:

consent. Ph 1300 QLD OAG (753 624)

Designation:
Signature:

I.	Inter	preter	's st	atem	ent

Date:

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.

guardian/substitute decision-maker by the doctor.
Name of Interpreter:
Signature:
Date:

## **Consent Information - Patient Copy Generic Consent Form - Complex Endoscopic Procedures**

## 1. What is a complex endoscopic procedure?

Complex endoscopic procedures vary, so your doctor will discuss with you the procedure needed for your particular condition.

## 2. Will there be any discomfort? Is any anaesthetic needed?

The procedure can be uncomfortable and to make the procedure more comfortable a sedative injection or a light anaesthetic can be given.

If you require a general anaesthetic, you will be given a patient information sheet called About Your Anaesthetic to explain what a general anaesthetic is and the risks with this type of anaesthesia.

Before the procedure begins, the doctor will put a drip into a vein in your hand or forearm. This is where the sedation or anaesthetic is injected.

## 3. What is sedation?

Sedation is the use of drugs that give you a 'sleepylike' feeling. It makes you feel very relaxed during a procedure that may be otherwise unpleasant or painful.

You may remember some or little about what has occurred during the procedure.

Anaesthesia is generally very safe but every anaesthetic has a risk of side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

The risk to you will depend on:

- personal factors, such as whether you smoke or are overweight.
- whether you have any other illness such as asthma, diabetes, heart disease, kidney disease, high blood pressure or other serious medical conditions.

#### 4. What are the risks of sedation?

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

#### Common risks and complications include:

- · Nausea and vomiting.
- Faintness or dizziness, especially when you start to move around.
- Pain, redness or bruising at the sedation injection site (either in the hand or arm).
- Muscle aches and pains.
- Allergy to medications given at time of the procedure.

#### **Uncommon risks and complications** include:

Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.

- Damage to your teeth or jaw due to the presence of instruments in your mouth.
- 'Dead arm' type feeling in any nerve, due to positioning with the procedure - usually temporary.
- An existing medical condition that you may have getting worse.

#### Rare risks and complications include:

- Your procedure may not be able to be finished due to technical problems.
- Bacteraemia (infection in the blood). This will need antibiotics.
- Stroke resulting in brain damage.
- Anaphylaxis (severe allergy) to medication given at the time of procedure.
- Death as a result of complications to this procedure is rare.

5. What are the risks of this procedure?

(Doctor to complete)				

## 6. What are you responsibilities before having this procedure?

You are less at risk of problems if you do the following:

- Tell your doctor if you could be pregnant as Xrays may be used as part of the procedure.
- Bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements and show your doctor what you are taking. Tell your doctor about any allergies or side effects you may have.
- Do not drink any alcohol and stop recreational drugs 24 hours before the procedure. If you have a drug habit please tell your doctor.
- If you take Warfarin, Persantin, Clopidogrel (Plavix or Iscover), Asasantin or any other drug that is used to thin your blood ask your doctor if you should stop taking it before the procedure as it may affect your blood clotting. Do not stop taking them without asking your doctor.
- · Tell your doctor if you have:
  - had heart valve replacement surgery.
  - received previous advice about taking antibiotics before a dental treatment or a surgical procedure.



# Consent Information - Patient Copy Generic Consent Form - Complex Endoscopic Procedures

7. Preparation for the procedure	<ul> <li>Do <u>NOT</u> drink alcohol, take other mind-altering substances, or smoke. They may react with the sedation drugs.</li> </ul>
	<ul> <li>Have an adult with you on the first night after your surgery.</li> </ul>
	Notify the hospital Emergency Department straight away if you have;
8. What if the doctor finds something wrong?	<ul> <li>severe ongoing abdominal pain.</li> </ul>
Your doctor may take a biopsy to be examined at Pathology.	<ul><li>trouble swallowing.</li><li>a fever.</li></ul>
<b>0</b> ,	<ul><li>sharp chest or throat pain.</li></ul>
Biopsies are used to identify many conditions even if cancer is not thought to be the problem.	<ul> <li>have redness, tenderness or swelling for more than 48hours where you had the injection for</li> </ul>
9. What if I don't have the procedure?	sedation (either in the hand or arm).
Your symptoms may become worse and the doctor will not be able to give you the correct treatment without knowing the cause of your problems.	Notes to talk to my doctor about:
10. Are there other tests I can have instead?	
11. What can I expect after this procedure?  Usually you remain in the recovery area for about 2 hours until the effect of the sedation wears off.  You will be told what was found during the examination or you may need to come back to discuss the results, and to find out the results of any biopsies that may have been taken.	
12. What are the safety issues?	
If you have sedation it will affect your judgment for about 24 hours. For your own safety and in some cases legally;	
<ul> <li>Do <u>NOT</u> drive any type of car, bike or other vehicle. You must be taken home by a responsible adult person.</li> </ul>	
<ul> <li>Do <u>NOT</u> operate machinery including cooking implements.</li> </ul>	
<ul> <li>Do <u>NOT</u> make important decisions or sign a legal document.</li> </ul>	