

LUNG BIOPSY

Introduction

Your doctor has requested that you undergo an interventional procedure called a Lung Biopsy.

Please read and sign this form so that we can be sure you understand the risks and complications potentially associated with this procedure. Please inform the **booking** staff if you are on Warfarin, Plavix, or any other blood thinning agents, or have any other medication allergies.

Procedure

The procedure takes about 20 minutes and will be performed in the CT room. The skin above the area of the lesion will be washed with antiseptic and a local anaesthetic may be injected. A biopsy needle is then inserted, guided into position using CT control and a biopsy taken. It may be necessary to make more than one pass of the needle to achieve the proper location and ensure an adequate sample is taken for testing. The needle is removed and compression will be applied to the needle insertion site.

Post-procedure

After the biopsy you may be required to remain in the department and observed by our medical staff for a period of time. You will need a driver to take you home.

Risks and side effects

Complications are rare during this procedure however you should be informed of the possible risks and side effects.

Risks associated with this procedure include:

- Pain or discomfort at the needle insertion site, bruising after the procedure, bleeding at the site, injury to a blood vessel (*which may require a blood transfusion*), organ puncture, or infection.
- There is a very small possibility that the needle may come into contact with the lung causing a pneumothorax. This is usually small and requires only observation with no medical action. Very rarely, hospital admittance will be required to have a tube inserted to re-inflate the lung.
- The medications used for conscious sedation are associated with the risks of aspiration (*inhaling food or liquid into the lungs*), or respiratory and/or cardiac depression.
- The sample collected may have non-diagnostic material which may require further investigations.

Any medical procedure can potentially be associated with unpredictable risks.

Please ask questions about anything on this form that you do not understand.

I have read the information provided regarding my procedure. I understand the information and have had the opportunity to ask questions about what is going to happen, the reasons for the procedure being performed, and the associated risks. I agree to have the procedure performed.

Patient Name		
Patient Signature <i>(or signature of legal guardian)</i>		Date
Signature of MIT / Radiologist		

OFFICE USE ONLY

ANTICOAGULANTS Yes No DIABETIC Yes No ALLERGIES Yes No DRIVER Yes No

PATIENT ID CHECKLIST

NAME confirmed DOB confirmed GENDER confirmed ADDRESS confirmed

PROCEDURE CHECKLIST

TYPE confirmed SIDE confirmed CONSENT confirmed TIME OUT