

<h2 style="margin: 0;">Indwelling Pleural Catheter Insertion Consent Form</h2>	Addressograph, or Name DOB Unit no. / CHI
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Name of procedure/investigation: Indwelling pleural catheter (IPC) insertion
 Right side Left side (*tick as appropriate*)
Explanation: A procedure using local anaesthetic to place a medium-to-long term drainage tube under the skin and between the ribs to allow drainage of fluid or air from the pleural space (the area between the lung and rib cage)
Pre-consent patient information: (*if applicable, e.g. patient information leaflet, website*)
 Title: _____ Version: _____ Date: _____

To the patient:
You may change your mind at any time, including after you have signed this consent form.

Patient statement: The healthcare professional signing below has explained the procedure, intended benefits, and potential risks to me.
I have also read and understood the benefits and risks related to the procedure as summarised here:

Intended benefit:
 A sustainable means of draining pleural fluid from the chest to prevent the return of shortness of breath

Serious, unavoidable or frequently occurring risks:
 Failure of insertion, incorrect position of tube (less than 2%), pain requiring tube removal (less than 1%), infection (around 5%), blockage of tube (less than 5%), development of pockets (loculations) in fluid (less than 10%), spread of cancer along tube (less than 4%), difficulty breathing or low blood oxygen levels after insertion (less than 1%), air leak into chest wall, organ damage, bleeding which may require a blood transfusion (less than 1%), low blood pressure, tube fracture on removal
 Individual /other risks: (*clinician to add as appropriate*)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will however have the appropriate experience. Where undertaken by a clinician who is training to perform the procedure, they will be supervised by a fully qualified practitioner.

I agree to the procedure mentioned above.

Patient's signature: Print name:	Date: ___/___/___
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Healthcare professional's statement: I have confirmed that the patient understands what the procedure involves, including the benefits and any risks. I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

Clinician's signature: Print name and status:	Date: ___/___/___
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Statement of Interpreter (*where appropriate*): I have interpreted the information above to the patient to the best of my ability and in a way in which I believe that she / he / they can understand.

Signature: _____ Or, please note the telephone interpreter ID number: _____	Print name: _____	Date: ___/___/___
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