NHS Lothian

Local Anaesthetic Thoracoscopy and Pleural Biopsy +/- Talc Poudrage Consent Form	Addressograph, or Name: DOB: Hospital no/CHI:

Name of procedure/investigation: Thoracoscopy +/- biopsy Right side ☐ Left side ☐

Explanation: A procedure to examine the pleural cavity (the space between your lung and chest wall) with a camera called a thoracoscope. This allows visual inspection and small biopsies to be taken from the pleural cavity to help make a diagnosis. At the same time we will drain the fluid from your chest and, if appropriate, spray medicated talc to try to prevent fluid recurring .

Pre-consent patient information: (if applicable, e.g. patient information leaflet, website)

Title: **Version:** **Date:**

The patient's Statement:

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

The healthcare professional signing below has explained the procedure, intended benefits, and potential risks to me. I have read and understood the benefits, alternatives and risks related to the procedure, which are summarised here:

Intended benefit: To perform a biopsy (tissue sample) under direct visualisation to aid diagnosis, drainage of pleural fluid/air to relieve breathlessness and treatment to prevent re-accumulation.

Alternatives: Imaging (CT scan/chest x-ray) follow up and clinical review. Do nothing. These might negatively affect compensation claims (e.g. asbestos-related disease) or active/directed management of your problem.

Potential risks: Most common but non-severe side effects include pain at operation site, increased sedation due to pre-medication and persistent air leak requiring prolonged admission with a chest drain. Severe risks but less common include allergic reaction to medications, severe pleural infection less than 1%, and major bleeding less than 1%. Rarely, death can occur less than 0.4%.

Individual/Other risks:_____

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

I agree to photographic/digital/video images made during the investigation, assessment and treatment of my condition, to be used for the training and education of healthcare staff.

I understand that any procedure in addition to those described on this consent form will only be carried out if it is necessary to save my life, or to prevent serious harm to my health.

I agree to the procedure mentioned above.

Patient's signature: Print name:	**Date:** __/__/__
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 to proceed	
Clinician's signature: Print name and status:	**Date:** __/__/__
Statement of interpreter (if 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 they can understand.	
Signature: **Print name:** Or please note the telephone interpreter ID number:	**Date:** __/__/__