

CONSENT FORM FOR LARYNGO-TRACHEO-BRONCHOSCOPY

PATIENT DETAIL

Surname: _____

Forename: _____

Date of birth: _____

Hospital case no: _____

PROPOSED TREATMENT

The doctor has explained that my child/dependent (name of patient) _____
has the following possible condition _____
and that a laryngo-tracheo-bronchoscopy and _____
_____ is proposed.

1. What is a bronchoscopy and biopsy?

The doctor uses a soft, thin, flexible fibre-optic tube (bronchoscope) to look at the vocal cords and the airways inside the lungs. The bronchoscope is passed through the nose or mouth. Small samples of tissue and cells may be removed (biopsy) and sent for tests.

How are tissue samples taken?

If tissue samples are taken, they are sent to pathology for testing. It may take a week or more before a result is obtained. These are some of the samples that can be taken:

Endo-bronchial biopsy: A small tissue sample is taken from the inside lining of the airways.

Bronchial brushings: A small brush is passed on the inside lining of the airways.

Broncho-alveolar lavage: Fluid is put into a single small airway and sucked back up into a specimen jar. This collects cells from the air sacs of the lung.

Trans-bronchial needle aspiration: A needle is passed through the wall of the bronchus airway to take samples from outside the bronchial wall.

Trans-tracheal needle aspiration: A needle is passed through the wall of the trachea to take samples from structures outside the lungs, such as lymph nodes.

Trans-bronchial lung biopsy: A small (< 1 mm) sample of lung tissue is taken from the lung by passing a needle through the bronchus.

3. What are the risks of this specific procedure?

These are the common risks. There may be other unusual risks that have not been listed here. Please ask your doctor about any other specific concerns you may have.

Common risks (>5%)

1. Fever in first 24 hrs. Usually mild and treated with paracetamol.
2. Low oxygen levels while waking up after procedure. This can last up to 24 hours and will be treated with oxygen.
3. Coughing.
4. Wheezing or noisy breathing.

Uncommon risks (< 5%)

1. There is a theoretical risk of bleeding into the lung and introducing air into the chest causing the lung to collapse (pneumothorax), **only if biopsies are taken**. Usually the risk of this complication is less than 1 in 1000. In that event, the air around the lung would have to be removed with a chest tube. This would mean your child would have to stay longer at the hospital until the hole in the lung is healed, which usually takes 1 to 3 days. Please ask the doctor if this risk applies to your child.
2. Narrowing of vocal cords (laryngospasm). This is usually brief and rarely a problem.



**Chest &
Allergy
Centre**

Dr Fiona E Kritzinger

MBChB cum laude (US), DCH (SA), FCPaed (SA), MMed
cum laude (US), Cert Pulmonology (SA) Paed

Practice no: 0320090366382 | MP 0518107

drkritzinger@chestandallergy.co.za

Dr Taryn Gray

MBChB (UCT), DCH (SA), DA (SA), FCPaed (SA),
MMed cum laude (US), Cert Pulmonology (SA) Paed

Practice no: 0320090534390 | MP 0545325

drgray@chestandallergy.co.za

4. Individual Risks

I understand the following are possible significant risks and complications specific to my child's individual circumstances, that I have considered these in deciding my child will have the procedure.

RISKS OF NOT HAVING A BRONCHOSCOPY AND BIOPSY (Doctor to document in space)

5. Details of how procedure is performed

Please read attached information sheet "Flexible Bronchoscopy" and ask the doctor if anything is unclear.

DECLARATION BY PATIENT/PARENT/LEGAL GUARDIAN

- *I acknowledge the doctor has informed me about the procedure, alternatives to it and answered my specific queries and concerns about this matter.*
- *I acknowledge that I have discussed with the doctor any specific risks and complications specific to my child's individual circumstances that I have considered in deciding to have this procedure.*
- *I agree to any other additional life saving procedures considered necessary in the judgement of my doctor during this procedure.*
- *I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my child's / dependent's hospital and practice records.*
- *I understand that there are risks associated with the anaesthetic. I am aware that I can discuss these risks with the anaesthetist before the procedure.*
- *I have received a copy of this form to take home with me.*
- *I have been given a patient information sheet on flexible bronchoscopy that I have read and I understand the content.*

Signature of parent/guardian _____ **Date** _____

Name of parent/guardian _____ **Relationship to patient** _____

DECLARATION BY DOCTOR

I declare that I have explained to the parent(s) / guardian the nature of the patient's condition, the procedure to be performed, and discussed the risks that particularly concern the patient. I have given the parent(s) / guardian an opportunity to ask questions and I have answered these.

Doctor's signature _____ **Date** _____

Doctor's name _____

Print name

INTERPRETER'S DECLARATION

I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor.

Interpreter's signature _____ **Date** _____

Interpreter's name _____

Print name