



DR FE KRITZINGER INC.

Paediatrician & Paediatric Pulmonologist

Co. No: 2011/010120/21, Pr. No. 0366382, MP0518107

CONSENT FORM FOR LARYNGO-TRACHEO-BRONCHOSCOPY

PATIENT DETAIL:

Hospital Case No:.....
Patient Surname:.....
Patient Forename:.....
Date Of Birth:.....

Place sticker here.

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 ± biopsy?:

The doctor uses a soft, thin, flexible fibre-optic tube (bronchoscope) to look at the vocal cords and the airways and 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 few days 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 wall.

Trans-tracheal needle aspiration: A needle is used to suck liquid from a lymph gland or other structure outside the lungs.

Trans-bronchial lung biopsy: A small (< 1 mm) sample of lung tissue is taken from the outer parts of the lung through the bronchoscope.

2. Intended Benefits:

Bronchoscopy is very useful for looking for structural problems in the lungways, as well as getting samples of fluid from the lung. In particular it can help to identify what bugs are growing in the lung, and this can help in the choice of antibiotics when treating infection.

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. It can last up to 24 hours. This will be treated with oxygen.

Uncommon risks (< 5%)

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.**

Rare risks (< 5%)

Narrowing of vocal cords (Laryngospasm). This is usually brief and rarely a problem.

4. Individual Risks

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

.....
.....
.....

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

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.....

5. Details of how Procedure is performed

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

Director: Fiona Elize Kritzinger (MBChB cum laude (US), DCH (SA), MMed cum laude (US), FCPaed (SA), Cert Pulm (SA) Paed)

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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

(please print)

