

Patient agreement to investigation or treatment

Bronchoscopy

Authors: Respiratory Medicine Unit

Brief description:

- A bronchoscopy is an examination where an endoscopist can look at the trachea (windpipe), the bronchi (branches of the airways) and into some areas of the lungs. The bronchoscope is a long flexible tube, about the width of a thin pencil, with a bright light at the end. During the bronchoscopy, a bronchoscope is passed up through your nose or mouth, past your larynx (voice box) down your trachea and into the bronchi. As the endoscopist looks at the monitor he/she can check whether or not any disease is present in your respiratory (breathing) system. A biopsy (small piece of tissue) may be taken for later examination.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:
<http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

.....

.....

About bronchoscopy

Before your procedure

- You must have **nothing** to **eat** or **drink** for four hours before your appointment.
- All medications should be taken as normal with a little water. If you are taking Warfarin or other blood thinning medication, please contact us for further advice. You might need to modify the dose around the time of the bronchoscopy.
- People with diabetes requiring insulin or tablets should tell the doctor consenting them.
- Please wear loose fitting, easily washable clothing and leave valuables at home.
- This procedure usually involves the use of sedation which will make you feel relaxed and sleepy during the examination. You may remember a little about what happened but often you will remember nothing.
- You could be in the department for up to two hours recovering from the sedative before you go home. You must arrange for a friend or relative to come with you to the department to wait with you and to take you home.

During the procedure

- A nurse will stay with you throughout the test. In the examination room you will be made comfortable on a couch in a sitting or lying position.
- The endoscopist may give you an injection into your arm to make you feel sleepy and relaxed.
- A local anaesthetic will be sprayed into your mouth to the back of your throat. This numbs your throat.
- Local anaesthetic jelly is inserted into your nostrils; this makes it more pleasant to have the tube in your nose.
- As we pass the bronchoscope, we might use some more local anaesthetic to numb the larynx (voice box). This may make you cough a little. As the local anaesthetic takes effect, your throat will relax.
- We will give you extra oxygen by putting a soft plastic tube just inside your nostril. A plastic 'peg' will be placed on your finger to monitor your pulse and oxygen levels.
- If we need to take a biopsy from an area that is more difficult to reach using a bronchoscope, we might need to use some X-ray equipment in a darkened room to help us locate the area and tissue.
- The bronchoscopy usually takes fifteen to twenty minutes.

After the procedure

- After the bronchoscopy you might have a slight nosebleed. If some biopsies have been taken, you might find some streaks of blood in your phlegm. This is quite normal and will usually stop within 24 hours.
- If you have any soreness in the throat or a hoarse voice, this is quite normal and usually gets better within a day or so.
- **Eating and drinking:** After the bronchoscopy, we advise you not to eat or drink for

about two hours because your throat will still be numb. It is not safe to eat or drink until full sensation has returned.

- **When you can leave hospital:** After the bronchoscopy, you will be taken to a recovery area while the sedation wears off. When you are sufficiently awake, you can then go home, this may be up to an hour following the examination.
- **When you can resume normal activities including work:** Because you were given a sedative you might continue to feel sleepy for the rest of the day. It is essential that you do not drive, operate machinery, return to work or drink alcohol for the next 24 hours.
- **Check-ups and results:** If we didn't take a biopsy, the endoscopist will be able to tell you your results immediately after the bronchoscopy. If we took a biopsy, we won't be able to give you a final opinion for a few days until the tissue has been processed in our laboratories. It is a good idea to have someone with you when you talk to the endoscopist because the sedation can make you forget what we have discussed. Your memory will return to normal when the sedation wears off, usually within 24 hours.
- Details of the results and any further treatment should be discussed with the doctor who recommended you for this bronchoscopy test.

Intended benefits of the procedure

- This procedure helps us check whether or not any disease is present in your respiratory (breathing) system.

Who will perform my procedure?

- This procedure will be performed by an endoscopist.

Alternative procedures that are available

- Usually a bronchoscopy is the safest and quickest way to assess the bronchi and take biopsies.
- Alternatives to this procedure would include an operation under general anaesthetic to biopsy the lung, which is sometimes necessary if the bronchoscopy fails to provide an answer. Another alternative is for a needle to be inserted through the chest wall under local anaesthetic if the area to be biopsied lies close to the chest wall.

Serious or frequently occurring risks

- Having a bronchoscopy is a relatively safe procedure. The chance of having a complication is small.
- Occasionally, major bleeding can occur from the biopsied area which may require an overnight stay in hospital for observation.
- If you have had a transbronchial biopsy, this involves a small risk of leakage of air from the lung. Patients who need to have this type of biopsy may stay in hospital

overnight for monitoring and have a chest X-ray. In a small proportion of these patients, we might need to insert a chest drain (a tube) to remove the unwanted air in the chest.

- Other rare complications of this procedure are aspiration pneumonia and adverse reactions to the sedative drugs.

Information and support

- If you have any queries about the bronchoscopy or find that you cannot keep this appointment, please contact the Endoscopy Office between 0900 and 1700 hours
Tel: 01223 216 546.

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

તમને આ માહિતી બીજી ભાષાઓમાં, મોટા અક્ષરોમાં અથવા સાંભળી શકાય એવા માધ્યમ (ઓડીઓ ફોર્મેટ)માં જોઈતી હોય તો કૃપા કરીને પૂછો.

Gujarati

تکایہ پرسیار بگہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر ، بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

Kurdish

آگراپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو برائے مہربانی اس کیلئے درخواست کریں۔

Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.

For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document History

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Consent Form (Adults)

Patient agreement to
investigation or treatment

For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)

Responsible health professional/job title

Special requirements
(For example, other language/other communication method)

Name of proposed procedure or course of treatment

Bronchoscopy +/-

- Biopsy
- Transbronchial biopsy
- Lavage

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure
- Any serious or frequently occurring risks from the procedures including those specific to the patient
- Any extra procedures that might become necessary during the procedure

Blood transfusion Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: **Having a Bronchoscopy**

This procedure will involve: Sedation

Health professional's signature:Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date:

Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will (eg Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

For staff use only:

Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you.

You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

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

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

.....
I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. **Yes** **No**

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** If you wish to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date:

Name (PRINT): Job Title: