

Patient agreement to investigation or treatment

Bone Biopsy

Authors: Professor Juliet Compston & Irene Debiram, Department of Medicine

Brief description:

- Bone biopsy involves the removal of a small core of bone, approximately 7mm wide, from the top of the hip bone through a small cut in the skin. The test is performed in the Medical Day Case Unit on Ward R2 and takes approximately fifteen to thirty minutes. You **do not** need to avoid eating or drinking before the biopsy
- 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)

.....

.....

Name of Procedure: Bone Biopsy

Before your procedure

- Most patients attend a pre-admission clinic, when you will meet Sister Irene Debiram and/or Professor Juliet Compston.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication – these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).
- This procedure involves the use of local anaesthesia and sedation. See below for further details about the anaesthesia/sedation we shall use.
- Most people who have this type of procedure will need to stay in hospital for approximately two to four hours.
- No tests are routinely required before the biopsy although it may be necessary to check your blood clotting. There is no need to change your diet or fast before you arrive for the biopsy.

Demeclocycline capsules 150 mg x 16

It is necessary to take these capsules, which are related to tetracycline, before bone biopsy for technical reasons. They are taken up by the bone and act as markers of bone mineralisation giving valuable information. Please read the label on the outside of the bottle and observe the following:

- **If you are allergic to tetracycline do not take them.**
- **If you develop a skin rash stop taking the capsules immediately and avoid direct exposure to sunlight, as this may make the rash worse.**

Please follow carefully the instructions below: -

Take **two** capsules **twice a day** on the following four days.

- Day 1
- Day 2
- 10 day gap**
- Day 3
- Day 4

Please note that there is a 10-day gap between the 2nd and 3rd days.

You should thus take 16 capsules in total.

If you have any queries, please contact: Professor J E Compston on 01223 336867

During the procedure

- An injection of a mild, short acting sedative is given into a vein in the arm and local anaesthetic is given before the biopsy is taken, to make the skin and the bone numb, so that the pain is not normally experienced during the biopsy procedure.
- The sedation is usually injected through a small needle or tube in the veins of the hand or in the arm. Patients receiving sedation are more relaxed but still awake, with a reduced memory of the event. You may feel a little sick or drowsy for a few hours after.
- While you are sedated, the doctor will inject local anaesthetic into the site that the biopsy is taken from to reduce pain during and after the procedure.

After the procedure

- There will be one or two stitches in the skin afterwards which can be removed 7 to 10 days later. There may be some soreness around the site of the biopsy after the local anaesthetic wears off but this is generally mild and usually only lasts for 24 hours or less. If required, a painkilling drug such as paracetamol or nurofen may be taken.
- The examination may be cancelled if you come without someone who will accompany you home.
- **Eating and drinking:** Do not drink any alcohol for 24 hours following the procedure.
- **Getting around and about:** Please do not drive your car for 24 hours following the biopsy.
- **When you can leave hospital:** Because of the sedative given before the biopsy, you will not be able to drive a car for the rest of the day and we will ask you to arrange for a friend or relative to take you home after the biopsy. We will also advise you to rest as much as possible for the rest of the day.
- **When you can resume normal activities including work:** Do not return to work the same day following biopsy. Go home and rest. You should be able to return to work the day after the biopsy.

Special measures you need to take **after** the procedure:

- Do not operate any machinery for 24 hours following the procedure.
- Keep applied pressure dressing on for 24 hours.
- Keep the wound clean and dry.

Check-ups and results:

- Take letter to GP.
- Make an appointment to see your GP 7 to 10 days following the biopsy to have the biopsy site stitches removed.

Intended benefits of the procedure

- To provide a diagnosis so that the right treatment can be given

Alternative procedures that are available

- There are no alternative procedures to provide this diagnosis.

Serious or frequently occurring risks

- Bone biopsy is a very safe procedure and has no serious side-effects. Mild bruising occurs in approximately one in every two hundred patients. Before the biopsy you will be asked to take some tablets, which are taken for technical reasons to do with the biopsy and should not affect you in any way unless you are allergic to tetracycline (the drug is a mild tetracycline antibiotic).
- If you develop a skin rash or diarrhoea while taking the tablets, you should stop them immediately.

Information and support

- Please note, should you experience any problems following the bone biopsy or you are worried about anything, please contact either Professor J E Compston on 01223 336867 or Research Sister Irene Debiram on 01223 762771 or bleep 07623 601 826.

Your anaesthesia

Sedation

- If you have a procedure carried out under sedation you will remain awake but become very relaxed and less anxious about what is going on. Often, you will not remember what happened after the sedative medication was given to you and until it wears off.
- Sedation can be used with other types of anaesthetic, for example: regional and local. The sedative alone does not control pain. The doctor carrying out the procedure will use a local anaesthetic to control pain during the procedure.
- The sedation medicine is usually injected into a vein in your hand or arm using a small needle or tube.
- Usually, the sedation wears off within two hours but you might feel drowsy and sometimes a little sick for some hours afterwards. You will be given careful instructions about whether you need to be escorted home afterwards and for how long you should avoid driving, operating machinery or making important decisions.

Local anaesthetic

- A local anaesthetic is a type of medicine that numbs the feeling in just one (local) area of the body eg before, during and after a procedure. It will not alter how relaxed you feel or how awake you are. It can be used in combination with any of the other types of anaesthetic or with sedation.
- A few minutes after the local anaesthetic has been given, the area will become numb. Often, your doctor will test the numbness of the area before starting the procedure.

Risks associated with a local anaesthetic:

- Local anaesthetics are very safe.
- As for all injections, sometimes you will get some bruising, minor bleeding or soreness where you have had the injection, but this usually goes away within hours to days. If the area becomes red, inflamed and swollen after a few days, then you should contact your GP for advice.
- Very rarely people have an allergic reaction to the local anaesthetic medicine itself but this usually happens quickly and can be treated. To prevent avoidable allergic reactions, you will be asked before your procedure about any previous reactions to local anaesthetics.

Pre Bone Biopsy Questionnaire

Before the biopsy we would be grateful if you would complete the questionnaire below. Please answer the following questions about your health. If any question is difficult to answer please contact the doctor or telephone: Professor Compston or Irene Debiram, Department of Medicine on Telephone no. 01223 336 867.

1. Are you allergic or sensitive to anything for example, medicines, adhesive tape or latex?

Yes / No (Please circle)

If yes, please list and describe what happened:

.....
.....

Please list any medicines you are taking (including **all** prescription and non-prescription drugs).

Name of medicine	Dosage (amount)	How many times per day

2. Have you had any problems with sedation?

Yes / No (Please circle)

If 'Yes' please give further details:

.....
.....

3. How would you rate your general health? (Please circle)

Excellent Good Fair Poor

4. Do you have any other health problems at present? Yes / No (Please circle)

Has there been any recent change in your health? Yes / No (Please circle)

If 'Yes' Please give further details:

.....

5. Do you have or have you ever had any of these problems. If 'Yes' please give further details.

Medical Condition	Please Circle	Details
Heart Attack or heart problems	Yes / No	
Lung problems e.g. Asthma, pneumonia, emphysema	Yes / No	
Diabetes	Yes / No	
Bleeding problems	Yes / No	
High Blood pressure	Yes / No	
Liver problems or hepatitis	Yes / No	
Rheumatic Fever	Yes / No	
Epilepsy or seizures	Yes / No	
Other (please specify)	Yes / No	
On Warfarin / Heparin	Yes / No	

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

तमने आ माडिती बीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभली शकाय जेवा माध्यम (ओडीओ डोमेट)मां जेठती छोय तो कृपा करीने पूछो.

Gujarati

تکایہ پرسیار بکہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر , بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

Kurdish

اگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو ہر اے 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

<p>For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)</p>
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Responsible health professional/job title

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

Name of proposed procedure or course of treatment

Bone biopsy **Side (left/right).....**

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:
..... Version/Date/Ref:

This procedure will involve:

Local anaesthesia 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: