

Hospital Details

ERCP Consent Form

Patient Demographic Data

Name:

Age: Yr. Sex: M/F

Hospital No.

A. Condition:

The doctor has explained that you have the following condition: *(write by hand in nontechnical term)*

B. Treatment:

The following will be performed:

An ERCP is where the doctor examines the tubes (ducts) that drain your liver, pancreas and gall bladder. This is done by giving you medication to help you relax. You will lie on the x-ray table on your stomach. The doctor will pass the endoscope, which is a flexible tube with a camera attached which allows the doctor to see the food pipe, stomach and the small bowel. A fine plastic tube will be passed inside the endoscope into the bile ducts and/or pancreas. Contrast material (dye) will be injected and x-rays taken. The doctor may then remove stones, relieve duct blockage, or take biopsy. This procedure may or may not require a sedation anesthetic.

C. Risks of ERCP (fill your own risk %)

There are risks and complications with this procedure. They include but are not limited to the following:

About 10 people out of every 100 people will get swelling and inflammation of the pancreas (Pancreatitis). This may need pain relief. This usually settles over the next 24-48 hours. It can however be occasionally severe and need further treatment, which may include admission, treatment in ICU and/or surgery.

Less than 1 in every 100 may have a bleed as a result of the procedure. This can happen if a cut is made in the duct to remove a stone or insert a tube (stent) This is usually stopped through the endoscope but may require admission and blood transfusion and rarely surgical intervention.

About 1 in every 100 may have a tear through the bowel or duct wall. This may require a drainage tube in your nose to remove the bile. This complication may sometimes require surgery.

Bacteraemia (infection of the blood) may occur.

The procedure may not be able to be finished due to technical problems. or be unsuccessful despite best efforts.

Aspiration of vomit in the lungs while under sedation may result in pneumonia.

Mild to Severe allergy (Anaphylaxis) to medications given at time of the procedure may occur. Hence please declare all known allergies

Emergency treatment may be necessary for any of the above conditions. Blood may have to transfused occasionally if needed.

Change of anaesthetic from a sedation anaesthetic to a general anaesthetic may be required.

An existing medical condition may get worse.

Death as a result of complications to this procedure is extremely rare but known

E. Risks of not having this procedure:

Should you not consent to have the procedure, you are at risk to develop the following outcomes at a later stage:

(Write down in non technical terms)

F. Other Treatment Options:

Should you not want to undergo ERCP you have the following alternative Options:

(Write down options)

The advantages and disadvantages of the alternative treatments are:

(Write down options)

F. Patient Consent:

1. I acknowledge that the doctor has explained my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected.
2. I understand the risks, including the risks that are specific to me. The anaesthetic/sedation required for this procedure is also understood by me
3. Other relevant procedure/ treatment options and their associated risks, my prognosis and the risks of not having the procedure and that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
4. Tissues may be removed and used for diagnosis or management of my condition.
5. If immediate life-threatening events happen during the procedure, they will be treated accordingly keeping my best interests in mind
6. A doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training. However he would be under supervision of the consultant.
7. I have had adequate time before making the decision & that I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
8. **I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.**
9. I understand that image/s or video footage will be recorded during my procedure

F. Patient Consent (Contd.):

On the basis of the above statements, I request to have the above procedure.

Patient Name:

Signature:

Date & Time:

The patient is not in a condition to give a consent and I (Name of Substitute Decision Maker) am giving consent on patients behalf.

Name of Substitute Decision Maker

Signature:

Relationship:

Date & Time:

H. Doctor's Statement

I have explained to the patient all the above points and I am of the opinion that the patient/substitute decision maker has understood the information in the presence of the witness.

Doctors Name Designation Signed with Date, Time & Stamp

G. Additional Consent:

The following pre existing conditions increase the risks of your procedure:

J. Witness

(Name, Signature Date & Time. If related to the patient mention relationship)