

RADIOLOGY - CONSENT COVER SHEET - Transhepatic portosystemic shunt

Consent for Procedure -- Cover Sheet Department:

Radiology

Consent for:

TIPS revision and associated procedures

Performed by or directed by: _____

Mr. Raissi

Mr. Raissi

_____ explained this consent form to me.

Procedure Involves: Placing a needle into a blood vessel, injecting contrast, and placement of a metal stent in the liver

Possible Risks: Bleeding, infection, damage to artery or adjacent structures, stent migration, hepatic encephalopathy, tissue ischemia, failure of procedure, need for further procedure, allergic reaction. If sedation is used: apnea, aspiration, hypoxia, death.

Possible Benefits: Stop the bleeding of stomach varices and improve ascites/lung space fluid

Patient Signature: _____

Date/Time: _____

3/6/17

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1-30-18

