

**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*



Lexington, Kentucky

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*04-18-2011*

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CN-0002-DRAD3 4/3/17