

(Patient Label Here)

Consent for Procedure and Transfusion -- Cover Sheet**

Department: Radiology

Consent for:

- ☐ **Revision of *Transjugular Intrahepatic Porto-systemic Shunt (TIPS), hepatic venogram, possible balloon dilation or stent placement**

Performed by or directed by:

Raissi and associates

Ighack M

explained this consent form to me.

Procedure Involves: Placing a catheter into a vein and gaining access to liver vein, injecting contrast to evaluate patency and structure of venous system and the shunt, using angioplasty or other means to regain patency of the shunt.

Possible Risks: Bleeding, infection, damage to blood vessels, liver and / or adjacent structures, allergic reaction, post procedure encephalopathy, heart failure, pulmonary embolus, change in heart rhythm, failure of procedure, need for further procedure. If sedation is used: apnea, aspiration, hypoxia, death.

Possible Benefits: To decrease hepatic venous pressure.

Patient Signature:

Date/Time:

****This cover sheet must be attached to the completed Consent for Procedure and Transfusion Form. Patient is to sign both the cover sheet and consent form.**

CONSENT FOR PROCEDURE & TRANSFUSION

(Patient Label Here)

Consent for

(See attached cover sheet)

[Procedure(s)]

Performed by or directed by (See attached cover sheet)

Other doctors, resident doctors, medical trainees or other providers such as physician assistants and advance practice registered nurses, may be involved. "My doctor" includes these others.

(See attached cover sheet)

explained this consent form to me.

Instructions to patient: When this consent form is explained to you, please ask any questions you may have. If you do not understand the answers, please ask again until you do understand. If you have any questions at any time about the procedure, please ask. If you do not consent, cross-out and initial.

- My doctor has explained this procedure to me and has told me why I need it. I understand that this procedure involves: (See attached cover sheet)

- My doctor has told me what other options I may have and what the risks of those options are. I have decided to have the procedure that my doctor has recommended.

- My doctor has told me that some problems (risks and complications) may happen if I have this procedure. These possible problems include: (See attached cover sheet)

and other possible problems that my doctor can't predict. My doctor has also told me about the possible benefits of the procedure. These possible benefits include: (See attached cover sheet)

- My doctor has explained my chances of receiving these benefits. I understand the risks of not having this procedure.

- No one has guaranteed me that this procedure will have certain results.

- I have received the **Notice of Privacy Practices of the University of Kentucky.**

My doctor has told me that any information that identifies me will be kept private. I understand that the Notice lets my doctor give my information to certain other people or groups. If this happens, I understand that my information may not be as private as it would be if no one received this information.

- My doctor or anesthesia provider has told me how sedatives or general anesthesia will be used and why the type of anesthesia was chosen. Anesthesia is used to calm me, control my pain and put me to sleep. I understand that anesthesia has risks. These risks can cause reactions that are mild or severe, temporary or permanent. Examples of risks are:

- damage to my teeth, mouth, throat, or vocal cords

- stopping of my heart (cardiac arrest)

- a reaction to a drug

- and other risks that my doctor can't predict

I understand that during the procedure the medical staff may decide that I need other anesthesia. I understand I can ask the anesthesia provider questions about the anesthesia and its risk. I consent to let the staff use anesthesia for this procedure.

(Patient Label Here)

CONSENT FOR PROCEDURE & TRANSFUSION **(continued)**

- I consent to let my doctor perform other operations or procedures in connection with this procedure, if the medical staff decides that I need these other procedures.
 - My doctor has explained the likelihood that I will receive a blood transfusion in connection with this procedure. The risks and benefits have been explained to me. My doctor has explained other options.
 - My advance directives (such as a living will) will still be in effect AFTER I receive any treatment for a reversible condition (a condition that can be corrected) related to this procedure.
 - I consent to let the medical staff take any photographs, moving pictures, television images, or other pictures or video-tapes during my treatment. I understand that these images will be used only to advance medical knowledge and will not identify me.
- If you do not consent, cross-out, circle option and initial.
- I consent to let the authorities of this facility get rid (dispose) of any tissues or other parts that may be removed from my body unless I have consented to donate such tissue or other parts for research or unless applicable law permits use of my discarded tissue or other parts for research without my consent.
 - I understand that the University of Kentucky teaches and trains doctors, nurses and other health care providers (an academic medical center). Doctors in training (fellows, residents, interns, and house staff), medical students and other medical trainees may be involved in my care with the appropriate supervision of my doctor.
 - I understand that someone from the University of Kentucky may contact me in the future to ask me about my health or to take part in research.
 - I also have been informed that (1) my attending physician will be physically present during the key and critical portions of my procedure; and (2) during other portions of my procedure, he/she may be involved in another procedure which is expected to overlap in part with my procedure. I have been informed that if my attending physician is not physically present during a non-key and non-critical portion of the procedure, he/she will be immediately available to return to the procedure if the need arises, or will arrange for another designated attending-level physician to be immediately available to assist if he/she is unavailable for any reason.

Physician can use space below for illustration or additional explanation.

I have read this consent form, and it has been explained to me. I understand the planned procedure(s), the sedation and anesthesia that will be used, the possibility that I will receive a transfusion, and the risks of transfusion. I have had the chance to ask all of the questions I have about this procedure(s), its alternatives, its risks, its benefits, and possible complications. I have been given answers to my questions, and I understand the answers.

Signatures

Witness

Physician

Patient

Print Patient Name

Date / Time