

Consent for Flex-Rigid Pleuroscopy
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Website: www.jknsabah.gov.my/hospital/hqe/respiratori/

Dear patient,

Before the procedure, the doctor will discuss with you about why and how the procedure is done. He will also discuss with you the typical risks and complication that may be involved so that you can make an informed decision.

What is flexrigid pleuroscopy?

Flexrigid pleuroscopy is a visual examination of the pleural cavity of the lungs. This test is done when it is important for your doctor to see inside the pleural cavity to look for any pathological lesions and also to take pleural fluid samples and biopsy. Flexrigid pleuroscopy involves inserting a flexible trocar and cannula via the chest wall (intercostal spaces) and then placing a thin tube-like instrument called a pleuroscope through the cannula. This tube has a mini camera at its tip and is able to carry pictures to a video screen or camera. It also has a channel to suck out pleural fluid for analysis and to take biopsy of pathological objects.

Why do I need a pleuroscopy?

Common reasons why a pleuroscopy is needed are:

1. pleural effusion of unknown etiology (exudative, transudative if cancer is considered)
2. direct parietal pleural biopsies (primary or metastatic pleural carcinomatosis, TB)
3. early empyema and complicated parapneumonic effusion (drainage, adhesiolysis, optimal chest tube placement)
4. pleurodesis of recurrent malignant pleural effusion or pneumothorax.

Are there any other alternatives to pleuroscopy?

Other tests and procedures such as x-ray, CT scans, pleural tap fluid analysis and a blind pleural biopsy can give the doctor some information about the lungs but pleuroscopy provides the doctor with the opportunity of direct visualization of the pleura and lungs and obtain very specific samples. This is why the doctor may schedule the pleuroscopy even after you have had other tests done.

Preparing for pleuroscopy

If you are having a pleuroscopy as an outpatient or as a non critically ill inpatient, you will be told not to eat after midnight the night before (about 8 hours before) for procedure in the afternoon. You will also receive instructions about taking your regular medicines. Before beginning the procedure, you may be given some sedation that causes drowsiness. You will also have an iv line inserted to have venous access.

What happens during a pleuroscopy?

You will be put in a lying side ways position with your hand lifted over your head. Then you will have vital sign monitor attached to you (BP cuff, ECG monitor, pulse and O2 saturation monitor). After that, you will be cleaned and draped with a sterile cloth. Some amount of local anaesthesia will be infiltrated into the skin down to the pleura at the site of incision at the side of your chest wall. After that a small 1 – 1.5 cm incision will be made. The incision will be dilated until the pleural cavity is reached.

Thereafter, a flexible trochar and cannula are inserted until the pleural cavity is reached. At this stage, there may be a slight discomfort. The pleuroscope is then introduced via the cannula after the trochar is removed. Now the pleural fluid is able to be suctioned and sent for analysis and the entire pleural cavity can be visualized and biopsies taken if necessary. Once completed, the pleuroscope is withdrawn and a chest tube is inserted via the cannula and finally the cannula is withdraw and the chest tube is secured and connected to an underwater seal. A post pleuroscope chest x-ray will then be done. Once the chest is fully re-expanded and fluid is drained, the chest tube will be removed. The procedure can take anywhere between 30 – 45 mins.

What are the risks of pleuroscopy?(To be explained in detail by the doctor)

Pleuroscopy is a relatively safe procedure. There are however certain risks associated with the procedure as follows:

1. prolonged air leak
2. hemorrhage
3. subcutaneous emphysema
4. postoperative fever
5. empyema
6. wound infection
7. cardiac arrhythmias
8. hypotension
9. seeding of chest wall from mesothelioma

Your doctor will go through all these risks in detail with you. Please do not hesitate to clarify all your doubts.

What happens after the procedure?

You will be observed in the ward after the procedure as you have a chest tube *in situ*. You will need to wait for about 1-2 hours before taking anything orally (once drowsiness has worn off). It is unlikely that you will experience any problem except for some pain for which the ward nurse will give some painkillers. You may also feel uncomfortable as the chest tube may restrict movement. If you have any problems, do not hesitate to inform the ward staff immediately. Your doctor can tell you the initial visual findings of the procedure. The lab results take more time, usually up to one week depending on the specific test that is being done.

Do pleuroscopies ever need to be repeated?

Very rarely it is actually necessary. In circumstances where the biopsy sample is inconclusive or inadequate, it may be repeated.

Questions regarding the interview

How necessary and urgent is the procedure?

Are there personal risks for the procedure that are not in the information sheet?

What The Doctor Should Know

1)Do you have any disease of blood/bleeding tendencies?
Yes / No

2)Are you taking any blood thinning medication?
Yes / No

3)Do you suffer from any allergies (asthma,hay fever), to latex,band aid?
Yes / No

4)Do you have any heart, lung or circulation disorder?
Yes / No

5)Do you have any acute or chronic infection(hepatitis/AIDS /Glaucoma)?
Yes / No

6)Any known metabolic diseases such as diabetes mellitus?
Yes / No

7)Women of child bearing age. Are you pregnant?
Yes / No

MEDICAL TEAM CHECK LIST

PRE PLEUROSCOPY TESTS

1) Chest X-Ray 2)PT.....sec 3)PTT.....sec

4)Platelet...../mm3 5)Hb.....g/dl 6)SaO2.....%

7)ECG if age more than 40 years or underlying heart diasease

8)NBM for more than 8 hours

Procedure to be done by:_____

Patient sent for pleuroscopy at :.....(time)

POST PLEUROSCOPY(to be filled after pleuroscopy)

Patient returned from pleuroscopy at(time)

Post Pleuroscopy Chest X-Ray : yes / no-----if yes , time.....

Doctor’s comment on the interview

(Such as nature of procedure, specific risks, possible complications, possible consequences if patient refuses/postpones or proceeds with the treatment, reasons for refusal, whether patient has legal guardians)

Place,date,time: _____

Doctor’s signature: _____

Patient’s statement of consent

The above named procedure as well as any additional procedures or treatment that may become necessary has been fully explained to me by :

Dr. _____

I was given the opportunity to ask any questions thought important regarding the nature and purpose of the proposed procedure, the risks involved and its possible complications as well as those of any additional or subsequent procedures or treatment that may become necessary and the associated risks.

I have no further questions and feel that the counseling offered was satisfactory. Therefore, after having had adequate time for consideration, I have consented to the proposed procedure or treatment. I also give my consent hereby to allow my doctor to perform any additional or subsequent procedure or treatment that may be necessary,even if unforeseen.I also consent to necessary blood transfusion if it is medically indicated.

Place,date,time: _____

Patient’s signature & I/C no: _____

Witness’s signature & I/C no: _____

If consent is refused

After counseling, the patient refuses to consent of the proposed procedure .He/she was informed of the possible consequences involved in this refusal.

Place,date,time: _____

Doctor’s signature: _____

Patient’s signature & I/C no: _____

Witness’s signature & I/C no: _____