

Consent for Diagnostic and/or Therapeutic Paracentesis

I request Dr. David Traficante to do the following procedure: Diagnostic and/or Therapeutic Paracentesis

Communication with my Doctor

Dr. David Traficante has explained the following information:

Procedure:

- A paracentesis involves the placement of a fine needle and/or thin tube through your skin and into the fluid. Some numbing medicine may be injected in the skin before the needle is inserted. The needle may be guided to the correct location using visualization with an ultrasound machine. Fluid will then be drained and may or may not be sent for laboratory studies. It may be necessary to make more than one pass of the needle in order to enter the collection.

Illness or medical condition:

- Evaluation of new onset ascites (fluid in the abdomen)
- Testing of ascitic fluid in a patient with preexisting ascites who is admitted to the hospital, regardless of the reason for admission.
- Evaluation of a patient with ascites who has signs of clinical deterioration, such as fever, abdominal pain/tenderness, altered mental status, fatigue, weakness, worsening kidney function, abnormal blood work or any other signs worrisome for infection.

Alternative treatment options:

- You may choose not to have any treatment.
- There may be other alternatives to a paracentesis, including long-term catheter drainage and various types of shunts. If you are unsure about having a paracentesis, please discuss these possible alternatives with your physician.

Prognosis and possible risks if I do not have the procedure:

- If you choose to not have the procedure your condition may get worse. You may die.

Risks of the procedure:

- Pain or discomfort at the needle insertion site.
- Bleeding (at the needle insertion site and/or internal bleeding).
- Injury to a blood vessel.
- Organ puncture which may require surgical correction by a surgeon in an operating room.
- Infection which may result in an infection of the blood stream. Development of any infection may result in the need for intravenous antibiotics.
- After the drainage tube is removed, fluid may continue to leak from the insertion site, or the abdominal fluid may re-accumulate and need further drainage.

Risks (continued)

- Heart attack or stroke could occur with strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death or permanent disability as a result of the procedure is possible.

In addition to the risks listed above, any health or disease factors that I/my child has that could increase my risks has been explained.

Consent for Treatment

By signing below, I agree that:

- I have read this form or it was read to me.
- I understand the explanation of the benefits and possible risks.
- I understand my other options and what would happen if I have no treatment.
- I was able to ask questions and they have been answered to my satisfaction.
- I was given the opportunity to have a support person/interpreter present
- I choose to have this procedure/operation done and authorize Dr. David Traficante to complete the procedure and his/her designated associates to assist with the operation.
- I consent to any other emergency procedure required to treat a life-threatening event during the operation.
- I consent to the disposal of any tissues or parts that may be removed during the procedure.
- I understand that no guarantee has been made that the procedure/operation will improve the condition.

Signature of patient or person authorized to
give consent

(Relationship to patient)

Date

Witness to Patient signature

Witness to Patient (Printed)

Date

I believe that the patient/substitute decision-maker fully understood the review of the operation.

Signature of physician

Date