

Patient information/declaration of consent for diagnostic or therapeutic ascites tapping (paracentesis)

Label

Declaration of informed consent

provided by:

Date:

Dear Patient,

Please be so kind as to read these documents as soon as you receive them. You should then complete the questionnaire and date and sign the documents, where possible on the day before the examination. If you have any questions, please contact your GP or the consultant performing the procedure (gastroenterologist).

You are to undergo a procedure known as tapping of ascites (paracentesis). We now enclose the following documents for this examination:

- an information sheet
- a questionnaire
- the declaration of consent form

Information sheet:

The information sheet contains details about the procedure used for the examination as well as its purpose and risks. Please make sure you read it through carefully.

If you have any further questions about the necessity and urgency of the examination, alternative procedures or the risks it involves, please contact your GP. The doctor who referred you for this procedure can answer most questions about it. Specific problems or queries about the technical details of the procedure can be answered as necessary by the consultant performing the examination (gastroenterologist). If you require this, please contact us or the doctor making the referral in good time.

Questionnaire:

Please be so kind as to complete the enclosed questionnaire in full to clarify your tendency to bleed and respond to the questions about any medication, intolerances or allergies you have. If you take anticoagulants to thin the blood (e.g. Sintrom, Marcoumar) or aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel, etc. on a regular basis, please ask your GP whether you should stop such medication in good time (at least one week before the examination). Please bring the questionnaire with you to the examination. Where possible, make sure you sign and date the questionnaire one day before the examination. If you have any problems or are unclear about answers to your questions, please contact us or your GP in good time.

Declaration of consent:

Please also read the declaration of consent form through carefully. Here too, please make sure you sign and date the questionnaire at the latest on the day before the examination.

The information sheet is yours to keep, while the questionnaire and declaration of consent form are held on file by us with your medical records.

Documentation for informed consent recommended by the Swiss society for gastroenterology (SGGSSG), the FHM Swiss Medical Association and the Swiss organisation of patients (Stiftung SPO Patientenschutz)

Information sheet for diagnostic or therapeutic ascites tapping (paracentesis)

Why do I need ascites tapping (paracentesis)?

Fluid (ascites) has collected within your abdominal cavity. Paracentesis will be performed either to determine why this has accumulated (diagnostic) or to remove it in large volumes (therapeutic). The resulting fluid will be examined regarding what it contains and to check for bacteria.

What preparations are necessary for paracentesis?

Apart from determining your blood clotting parameters, no special preparations are necessary before paracentesis.

Can I work/drive afterwards?

Sleep-inducing drugs and/or painkillers may be administered to you for the procedure. This means that you will not be able to drive after taking such drugs, so please do not come for the examination with your own vehicle. Make sure you are accompanied by another person. After you have taken these drugs, you should not sign any legally binding documents for 12 hours afterwards, i.e. you should not take out any contracts during this period.

What happens during paracentesis?

An infusion is generally given via a vein on the arm before the procedure. Ultrasound is then used to find a suitable spot to make the puncture. Following disinfection and the application of a local anaesthetic to the skin and muscles a needle is then inserted into the ascites through the skin of the abdomen until it is possible to extract the fluid from the cavity. This only takes a few seconds. With therapeutic paracentesis, a cannula is left in place in the accumulated fluid, so allowing it to drain off in the next few hours. Once the needle or cannula has been removed, an adhesive dressing is applied to the site, so ending the procedure.

What risks are involved in paracentesis?

The examination itself is low-risk. Complications may occur in rare cases even with the greatest of care, possibly also becoming life-threatening in exceptional circumstances. They include: localised bruising of the skin / muscles (<5%) or bleeding in the fluid (< 0.5%), local skin infections (< 0.5%) or injury to the inner organs (< 0.2%). These complications can make admission to hospital necessary, and surgery in very rare cases (0.2%).

What should I (not) do after the examination?

After the procedure you can go home again or return to the ward. If large quantities of fluid have been extracted (> 2 litres), you will be given an infusion of albumin as a protein/liquid replacement. If you feel dizzy, weak or faint, sit down and have a drink. If you do not start to feel better, contact your GP or go to Accident & Emergency.

Any questions about the procedure?

If you have any further questions about the planned examination, please contact your GP. If you still aren't entirely clear about the procedure, get in touch with the consultant performing the procedure (gastroenterologist).

You can contact the following doctors about any queries or problems you might have:

GP		Tel:
Gastroenterologist		Tel:

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Questionnaire

Label

Questions about your tendency to bleed:

	yes	no
1. Do you have heavy nosebleeds for no apparent reason?		
2. Do your gums bleed for no apparent reason (when cleaning your teeth)?		
3. Do you have bruises (haematomas) or small bleeds on the skin without any apparent injury?		
4. Do you have the impression that you bleed a lot after minor injuries (e.g. when shaving)?		
5. Women: Do you have the impression that your period lasts a long time (>7 days) or do you constantly have to change tampons / sanitary towels?		
6. Have you ever experienced heavy or lengthy bleeding during or after dental treatment?		
7. Have you ever experienced heavy or lengthy bleeding during or after surgery (e.g. an operation to remove your tonsils / appendix or when giving birth)?		
8. Have you ever been given blood or blood products during surgery?		
9. Has anyone in your family (parents, siblings, children, grandparents, uncles, aunts) had a disease involving an increased tendency to bleed?		

Questions about medication, allergies, accompanying conditions:

1. Do you take anticoagulants to thin the blood (e.g. Sintrom, Marcoumar) or have you taken aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel, etc. or medication for colds or flu, painkillers or rheumatism tablets in the last 7 days? If so, which ones?		
2. Do you have an allergy or hypersensitivity reaction (to medication, latex, local anaesthetics, sticking plaster)? If so, which?		
3. Do you have heart valve disease or a disease affecting the heart or lungs? Do you have a patient identification pass for the prevention of endocarditis (green / red)?		
4. Do you wear a cardiac pacemaker / defibrillator or metal implant?		
5. Are you known to suffer from any malfunction of the kidneys (kidney failure)?		
6. Are you diabetic?		
7. Women: Are you pregnant or could you be?		
8. Do you have loose teeth, a disease affecting the teeth or wear dentures?		

I, the undersigned, have completed the questionnaire to the best of my knowledge.

Place, date

Patient's name

Patient's signature

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I, the undersigned, have taken note of the information sheet.

I have received detailed information from the physician about the reason (indication) for ascites tapping (paracentesis). I understand the nature of paracentesis as well as the procedure and risks involved. My questions have been answered to my satisfaction.

(Mark with a cross as appropriate)

I consent to the performance of ascites tapping (paracentesis)

Yes	No
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Patient's name

Physician's name

Place, date Patient's signature

Place, date Physician's signature

For patients who are unable to give consent themselves:

Legal or authorised representative

Physician's name

Place, date Representative's signature

Place, date Physician's signature

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