



Surname, first name, date of birth

Information and consent for a pleural puncture (pleurocentesis)

Your physician is of the opinion that you need a puncture of the pleural cavity.

What is a pleural puncture?

During a pleural puncture, a needle is inserted into the pleural cavity (the space between the pulmonary pleura and the costal pleura) to withdraw fluid and enable the affected lung to expand into the cavity again. The fluid is examined later in the laboratory for bacteria, protein and other substances to give your doctor an idea of why the fluid has accumulated in the pleural cavity. Treatment is also dependent on these results.

What do you have to do before the investigation?

In the week before the pleural puncture you should not take any blood thinning medication such as aspirin, Ticlid, Plavix, Tiatral etc., or any anti-inflammatories or painkillers such as Voltaren, Ponstan, Brufen etc. as these medicines increase the risk of bleeding after a pleural puncture. However, there is no risk associated with taking painkillers such as Dafalgan, Tylenol, Dolprone or Panadol.

How is the investigation performed?

The precise location of the puncture site on the rib cage (fig. 1) is located using an ultrasound scan. Then the skin is disinfected, and a local anaesthetic given using a very thin needle that will not hurt too much. The actual puncture of the pleural cavity (fig. 3 structure no. 11) is performed with another needle after the area is anesthetized locally. The ultrasonic device shows the accumulation of fluid so that the needle can be steered in the right direction and injury kept to a minimum. If pain develops after the pleural puncture, a painkiller may be administered.

What happens after the investigation?

After the pleural puncture you should remain lying on a bed for four hours and not exert yourself. Your pulse and blood pressure will be measured regularly. If you do not feel well in the 24 hours following the procedure (pain, dizziness, breathing difficulties), it is important that you inform us at once.

What risks are associated with the investigation?

Complications associated with pleural puncture are rare. However, bleeding may occur between the pulmonary and the costal pleura, making it necessary to perform another pleural puncture to remove the blood. In the worst case scenario, a pneumothorax may develop, which means air has penetrated into the pleural cavity, as a result of which the affected lung can collapse, necessitating the insertion of a drain to re-inflate the lung. Although the procedure is performed in sterile conditions, on rare occasions germs may get into the pleural cavity and cause inflammation of the costal pleura. On rare occasions adjacent tissue structures may become damaged, and an allergic reaction to the local anaesthetic is also possible. All complications may necessitate emergency treatment. In some cases pain may develop after the pleural puncture procedure. Please let us know if you are experiencing pain so that we can give you painkillers immediately.

Comments or questions?

The doctor has gone through the following points with me before the investigation

Important questions

Do you bleed for longer than average after an injury? yes no

Do you take blood thinners or pain medication? (Aspirin, Ponstan, Tiatral, Ticlid, Plavix, Marcoumar, Sintrom, etc.) yes no

Are you allergic to any medications? yes no
If so, which medications?

Do you have a pacemaker or a diseased heart valve? yes no

For women: Are you pregnant? yes no

Informed consent:

I was given a comprehensive explanation regarding the necessity for, the process and possible complications of the bone marrow biopsy by Dr

I was able to ask my questions and I agree to performance of the bone marrow biopsy.

Location and date

Patient's signature

Doctor's signature