Muscle Biopsy

Facility: .....

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F

A. INTERPRETER / CULTURAL NEEDS

An Interpreter Service is required? ☐ Yes ☐ No

If *Yes*, is a qualified Interpreter present? ☐ Yes ☐ No

A Cultural Support Person is required? ☐ Yes ☐ No

If *Yes*, is a Cultural Support Person present? ☐ Yes ☐ No

B. CONDITION AND TREATMENT

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....

.....

This condition requires the following procedure. *(Doctor to document - include site and/or side where relevant to the procedure)*

.....

.....

The following will be performed:

The purpose for doing the procedure is to diagnose a muscle disease. A small cut will be made over the muscle that is thought to be the most appropriate for a sample. The surgeon will open the lining of the muscle and take the biopsies. The lining of the muscle will be closed and the skin closed with sutures or clips.

C. RISKS OF A MUSCLE BIOPSY

There are some risks/complications with this procedure/treatment/investigation.

Common risks include;

-

Uncommon risks include;

- Infection. This will need antibiotics.
- Bleeding. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- A result may not be obtained from the biopsy.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis
- Injury to a nerve or tendon may leave an area of numbness or weakness that could be temporary or permanent.

Rare risks include;

- Death as a result of this procedure is very rare.

D. SIGNIFICANT RISKS AND PROCEDURE OPTIONS

(Doctor to document in space provided. Continue in Medical Record if necessary.)

.....

.....

E. RISKS OF NOT HAVING THIS PROCEDURE

(Doctor to document in space provided. Continue in Medical Record if necessary.)

.....

.....

F. ANAESTHETIC

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic required)*

.....

.....

Muscle Biopsy

Facility: .....

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G. PATIENT CONSENT

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure/treatment/investigations, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure/treatment. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure/treatment.
- that no guarantee has been made that the procedure/treatment will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated accordingly.
- a doctor other than the Specialist Neurosurgeon may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheets;

☐ **Local Anaesthetic for Your Procedure**

☐ **Muscle Biopsy**

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure/treatment/ investigations and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time before the procedure/ treatment/investigation, including after I have signed this form but, preferably following a discussion with my doctor.

On the basis of the above statements,

I REQUEST TO HAVE THE PROCEDURE

Name of Patient/ Substitute decision maker and relationship: .....

Signature: .....

Date: .....

Substitute Decision-Maker: Under the *Powers of Attorney Act 1998 and/or the Guardianship and Administration Act 2000*. If the patient is an adult and unable to give consent, an authorised decision-maker must give consent on the patient's behalf.

H. DOCTOR'S STATEMENT

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor: .....

Designation: .....

Signature: .....

Date: .....

Name of Anaesthetist: .....

Designation: .....

Signature: .....

Date: .....

I. INTERPRETER'S STATEMENT

I have given a sight translation in

.....

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: .....

Signature: .....

Date: .....