

# Nerve Biopsy

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  F

Facility: .....

## 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 a Nerve Biopsy is to diagnose nerve disease. The surgeon will make a small cut over the nerve of interest. A small segment of the nerve will be cut and sent to pathology. The surgeon will then close the skin with sutures or staples.

## C. RISKS OF A NERVE 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, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- A result may not be able to be obtained from the biopsy.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.

**Rare risks** include;

- An area of numbness may occur or possible weakness which could be temporary or permanent.
- Bleeding. May require further surgery.
- Death as a result of this procedure is very rare.

## D. RISKS OF NOT HAVING THIS PROCEDURE

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

.....  
.....

## E. ANAESTHETIC

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

.....  
.....

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## F. 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**
- ◆ **Nerve 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.

## G. 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: .....

## H. 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: .....