

Consent for Venous Access Device Placement (Port, Tunneled, or Non-Tunneled Catheter)

INTRODUCTION:

Your physician has requested that you undergo placement of a long term venous access device. The reasons for placing a long term venous access device include the administration of medications, nutrition, or blood as ordered by your physician. A port is inserted entirely under your skin and has a plastic tube attached which enters the vein. A tunneled catheter is inserted through your skin and then tunneled under your skin until it reaches the vein to be entered. A nontunneled catheter is inserted through your skin and directly into the designated vein. The type of device you will be receiving is a _____.

We are asking you to read and sign this form so that we can be sure you understand the procedure and potential benefits, along with the associated potential risks, complications, alternatives, the likelihood of achieving the goals, and the recuperative process. Please ask questions about anything on this form that you do not understand.

PROCEDURE:

The insertion of a venous access device involves the placement of a plastic tube (catheter) through your skin and into a vein. Some numbing medicine will be injected in the skin over the site that will be used before the catheter is inserted. Intravenous medications may also be given to you to make you more comfortable and relaxed. This is known as moderate sedation.

Once the catheter has been inserted into the skin, it will either be tunneled under the skin until it reaches the designated vein or inserted directly into the vein and then advanced through the blood vessels to the proper location. If a port is placed a small incision will be made to insert it under the skin, and the incision is closed with sutures. Tunneled and nontunneled catheters are held in place with sutures. To assist with proper location of the catheter, x-ray contrast material (x-ray dye) may be injected through the catheter and x-ray pictures taken. You may be asked to hold your breath for several seconds as these pictures are taken. During the injection of x-ray contrast material, you may experience a warm feeling or a strange taste in your mouth. Both of these sensations are temporary and will go away soon.

RISKS:

Risks associated with the procedure include, but are not limited to, those associated with the insertion and positioning of the catheter and those associated with the maintenance and use of the catheter. Associated with the insertion and positioning of the venous access device are the risks of pain or discomfort at the catheter insertion site, bleeding at the site, injury to a blood vessel, entrance of air into the vein (air embolus), injury to the lung (pneumothorax), and infection which may result in an infection of the blood stream. Risks associated with the x-ray contrast material include an allergic reaction and reduced kidney function. The medications used for the moderate sedation are associated with the risks of aspiration (inhaling food or liquid into your lungs) or respiratory depression. Risks associated with the maintenance and use of the venous access device include an infection of the catheter which may result in an infection of the blood stream, inflammation of the vein (phlebitis), and the development of a blood clot in the vein (thrombosis). In addition to these potential risks associated with the procedure, the x-ray contrast material, and the moderate sedation medications, there may be other unpredictable risks including death.

(Complete this paragraph if applicable or document "NA")
Due to your additional medical history of

_____ added risks for you include but are not limited to:

_____.

ALTERNATIVES:

Alternatives to the placement of a venous access device include the insertion of a surgically placed central line or continuing with peripheral IV access which requires replacement of a new line every 72 hours. If you are unsure about having a venous access device placed, please discuss these other alternatives with your physician.

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AGREEMENT:

The information on this form was explained to me by _____. I understand the information and I have had the opportunity to ask any other questions I might have about the procedure, the reasons it is being performed, the associated risks, and the alternatives to the procedure. I agree to undergo the procedure to be performed by an authorized member of the Division of Vascular and Interventional Radiology and his/her associates, assistants, and appropriate hospital personnel, and accept the risks. I also agree that fellows, residents and surgical assistants may participate in significant tasks that are part of the procedure. In addition, I agree to have any other appropriate personnel present for the procedure.

I assign to the University of Pennsylvania Health System ("Health System") all rights to any tissues, organs, cells, body parts, and/or body fluids that may be removed during this procedure and I authorize the Health System to use or dispose of such specimens according to its standard practices.

The University of Pennsylvania Health System routinely suspends all resuscitative aspects of living wills and Do Not Attempt Resuscitation orders during the pre-procedure, procedural and post-procedural period, unless you specifically tell us otherwise. This applies to all invasive and operative procedures.

Signature: _____ Date: _____ Time _____
Patient

Signature: _____ Date: _____ Time _____
Authorized Healthcare Professional obtaining
and witnessing patient's signature

Signature: _____ Date: _____ Time _____
Attending physician (if applicable)

To be used if the patient is a minor, unconscious, or otherwise lacking decision making capacity.

I, _____, the _____
Relationship to patient

of _____ hereby give consent.

Signature: _____ Date: _____ Time _____
Legally Authorized Representative

Signature: _____ Date: _____ Time _____
Authorized Healthcare Professional obtaining
and witnessing representative's signature

Signature: _____ Date: _____ Time _____
Attending physician (if applicable)

Signature: _____ Date: _____ Time _____
Witness to telephone consent