

## Surgical Associates

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Website: [www.surgicalassociates.com](http://www.surgicalassociates.com)

Patient Medical Record (write in or apply sticker)

Name \_\_\_\_\_

Med Record No. \_\_\_\_\_

DOB \_\_\_\_\_

Admitting MD \_\_\_\_\_

### Chest - Chest Tube Placement (Chest Tube Placement)

#### The Procedure

I request John Smith to do the following procedure: Chest - Chest Tube Placement (Chest Tube Placement)

#### Communication with my Doctor

John Smith has explained the following information:

- **Operation/procedure :**

This procedure involves draining air or fluid from around the lung(s).

Your doctor will inject local anesthetic. This is a medicine that numbs the treatment site. You may also be given IV sedation. Your surgeon will make a small cut between your ribs in the chest wall. A flexible hollow drainage tube will be inserted. Your surgeon will manually push the tube to the fluid or air pocket. An x-ray of the chest will be taken to ensure correct tube placement. It will let your surgeon check that the fluid or air is draining effectively. The tube may be secured in place with stitches or tape until removal at a later time.

The tube is attached to either a chest tube canister containing a water seal, or a Heimlich valve. These devices will make sure that blood, fluid, or air only flows out and cannot back up through the tube. Sometimes, the drain will become blocked. If this occurs, your doctor may flush the tube with medications to help it continue to drain without having to replace the tube. Depending on how serious your condition is, you may need more than one chest tube.

- **Illness or medical condition :**

Collapsed lung, air leak from lung, build-up of blood or other fluid, injury to the lung or chest cavity, or infection in the chest cavity.

- **Treatment options :**

\* Watching and waiting with your doctor.

\* Thoracentesis. This involves removing fluid or air around the lungs using a hollow needle.

\* Thoracotomy. This involves making one larger incision in the chest to inspect the space around the lungs for fluid or air.

\* Thoracoscopy. This involves inspecting the space around the lungs for fluid or air with the use of a scope. A scope is a thin lighted tube with a camera that allows your doctor to view inside the body.

\* CT guided chest tube placement. Sometimes the fluid or air in the chest cavity may require the radiologist to place the tube under ultrasound or special x-rays.

\* You may choose not to have this procedure.

- **Prognosis** and possible risks if I do not have the operation/procedure:

If you choose not to have this procedure, you may experience continued symptoms.

Your doctor may not be able to make a proper diagnosis. You may develop a serious infection. Your lung may remain collapsed. You may die.

- **Risks** of the operation/procedure:

\* Damage to nerve(s). This may include temporary or permanent pain, numbness, or weakness. This may be discovered during the procedure or later.

\* Pain or discomfort.

\* Pain, numbness, swelling, weakness or scarring where tissue is cut.

\* Shortness of breath.

\* The implanted device may move or fail. You may need surgery to reposition, remove, or replace it.

\* The procedure may change unexpectedly if needed.

\* The procedure may not cure or relieve your condition or symptoms. They may come back and even worsen.

\* You may need additional tests or treatment.

\* Your doctor may not be able to make a proper diagnosis.

\* Your doctor might not be able to place the device in the desired location. It could move later.

\* Allergic reaction. May include itching, hives, swelling, difficulty breathing, drop in blood pressure, possible loss of consciousness.

\* Asthma or difficulty breathing.

\* Bleeding. You may need blood transfusions or other treatments. This may be discovered during the procedure, or later.

\* Infection.

\* Swelling of lung(s) after drainage of air or fluid. This might require an artificial breathing machine.

\* The device may become blocked at any time.

\* The device, equipment, or material used to do the procedure or implanted may not work correctly, fail or cause problems during the procedure or later. The procedure may not be completed. You may need additional treatment now or later.

\* Wound infection, poor healing or reopening. Blood or clear fluid can also collect at the wound site(s).

\* Your catheter may not stay in place.

\* Collapse of small pockets within the lungs (atelectasis). Part or all of the lungs may lose function.

\* Puncture or other injury to lung.

\* Death.

In addition to the risks listed above, any health or disease factors that I/my child has that could increase my risks has been explained.

- **Benefits** of the operation/procedure:

This procedure may reduce chest pain, shortness of breath, and blood pressure concerns. This procedure may also treat any infection in the lung(s). It may also treat any bleeding in the lung(s). It may relieve symptoms caused by fluid build-up.

- **Site or location** of the operation/procedure:

Left lung.

- **Expectations – how to prepare** for my operation:
  - Medications:
    - \* Tell your doctor if you make any changes in your medicines before your surgery.
    - \* If you take prescription medicines, vitamins, herbal supplements, blood thinners (Coumadin, Plavix, Lovenox, heparin, aspirin), insulin, or pain relievers, please notify your doctor.
  - Before your operation:
    - \* Tell your doctor if your health changes before your surgery. This includes any skin problems, illnesses, or infection.
    - \* Local anesthesia with or without IV sedation is usually given during this procedure.
- **Expectations – recovery** – including information on medication, nutrition, pain control, return to activity and wound care:
  - After the operation:
    - \* Your chest tube may be left in place for several days. It may need to be left in place even when you go home.
    - \* You may remain in the hospital for several days after surgery.
    - \* Do not lift anything over 15 pounds. Do not do strenuous physical activity until your doctor says you can, including lifting or straining.
    - \* You can return to work or school when you feel well enough. Most patients are not able to return to school or to work for several weeks after the surgery.
  - Diet:
    - \* Discuss any dietary changes with your doctor.
  - Wound care:
    - \* Your wound may be covered with a bandage or a sterile dressing. Leave the wound covered until your first office visit. Change your dressing once a day.
    - \* Do not soak in a bathtub until your wound cover is removed. Taking a shower is OK. Avoid getting the bandage, or your wound, wet.
    - \* If your wound is closed with strips of tape, leave them in place until they fall off.
    - \* A small amount of drainage is normal. If the drainage is red, has a bad odor, or covers your entire dressing, call your surgeon.
  - Follow-up care:
    - \* Call your surgeon to schedule your follow-up visit.
    - \* Observe your wound for any signs of infection.
    - \* Take medication for pain as needed.
    - \* If you go home with the chest tube still in place, make sure it does not get dislodged. Follow the care plan given to you by your doctor.
    - \* Do not drive or operate machinery if you are taking narcotic pain medication.
  - Call your doctor if you:
    - \* Are unable to urinate.
    - \* Have a fever greater than 101.5 degrees Fahrenheit.
    - \* Have increased pain or pain that will not go away.
    - \* Have difficulty breathing, shortness of breath, swelling in your chest, or chest pain.
    - \* Vomit.
    - \* Notice swelling, redness, bleeding, or drainage with a bad odor from your wound site.

\* If you go home with the chest tube still in place, call your doctor if it gets displaced or falls out or if there is a change in the color or amount of drainage, drainage around the tube, or if the tube gets clogged.

### Consent for Treatment

By signing below, I agree that:

- I have read this form or it was read to me.
- I understand the explanation of the benefits and possible risks.
- I understand my other options and what would happen if I have no treatment.
- I was able to ask questions and they have been answered to my satisfaction.
- I was given the opportunity to have a support person/interpreter present
- I choose to have this procedure/operation done and authorize John Smith to complete the procedure and his/her designated associates to assist with the operation.
- I consent to any other emergency procedure required to treat a life-threatening event during the operation.
- I consent to the disposal of any tissues or parts that may be removed during the procedure.
- I understand that no guarantee has been made that the procedure/operation will improve the condition.

\_\_\_\_\_  
Signature of patient or person authorized to give consent (Relationship to patient) 12/9/10  
Date

\_\_\_\_\_  
Witness to Patient signature 12/9/10  
Date

I believe that the patient/substitute decision-maker fully understood the review of the operation.

\_\_\_\_\_  
Signature of physician 12/9/10  
Date

## Pre-Procedure Instructions

### Chest - Chest Tube Placement (Chest Tube Placement)

#### Please be aware of the following, prior to your procedure/operation:

##### Medications:

- \* Tell your doctor if you make any changes in your medicines before your surgery.
- \* If you take prescription medicines, vitamins, herbal supplements, blood thinners (Coumadin, Plavix, Lovenox, heparin, aspirin), insulin, or pain relievers, please notify your doctor.

##### Before your operation:

- \* Tell your doctor if your health changes before your surgery. This includes any skin problems, illnesses, or infection.
- \* Local anesthesia with or without IV sedation is usually given during this procedure.

Other important things you need to do to prepare for your procedure/operation:

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#### If you have any questions or concerns please contact our office:

Phone: 800-987-6543

Email: [jsmith@surgicalassociates.com](mailto:jsmith@surgicalassociates.com)

Website (if applicable): [www.surgicalassociates.com](http://www.surgicalassociates.com)

Your surgeon: John Smith

#### For More Information

For more information on your procedure/operation, ask your surgeon or contact the following organizations:

##### **The American College of Surgeons**

633 North Saint Clair Street

Chicago, IL 60611-3211

Patient Phone: 1-800-621-4111

Fax: 312-202-5029

<http://www.facs.org/patienteducation/>

##### **National Institutes of Health**

9000 Rockville Pike

Bethesda, Maryland 20892

Phone: Please see the **NIH Toll-Free Information Lines** and **Toll-Free Health Hotlines** on the main page of the NIH Health Information Website – see link below.  
<http://health.nih.gov/>

SAMPLE - FOR REVIEW ONLY

## Post-Procedure Instructions

### Chest - Chest Tube Placement (Chest Tube Placement)

#### Please be aware of the following after your procedure/operation:

After the operation:

- \* Your chest tube may be left in place for several days. It may need to be left in place even when you go home.
- \* You may remain in the hospital for several days after surgery.
- \* Do not lift anything over 15 pounds. Do not do strenuous physical activity until your doctor says you can, including lifting or straining.
- \* You can return to work or school when you feel well enough. Most patients are not able to return to school or to work for several weeks after the surgery.

Diet:

- \* Discuss any dietary changes with your doctor.

Wound care:

- \* Your wound may be covered with a bandage or a sterile dressing. Leave the wound covered until your first office visit. Change your dressing once a day.
- \* Do not soak in a bathtub until your wound cover is removed. Taking a shower is OK. Avoid getting the bandage, or your wound, wet.
- \* If your wound is closed with strips of tape, leave them in place until they fall off.
- \* A small amount of drainage is normal. If the drainage is red, has a bad odor, or covers your entire dressing, call your surgeon.

Follow-up care:

- \* Call your surgeon to schedule your follow-up visit.
- \* Observe your wound for any signs of infection.
- \* Take medication for pain as needed.
- \* If you go home with the chest tube still in place, make sure it does not get dislodged. Follow the care plan given to you by your doctor.
- \* Do not drive or operate machinery if you are taking narcotic pain medication.

Call your doctor if you:

- \* Are unable to urinate.
- \* Have a fever greater than 101.5 degrees Fahrenheit.
- \* Have increased pain or pain that will not go away.
- \* Have difficulty breathing, shortness of breath, swelling in your chest, or chest pain.
- \* Vomit.
- \* Notice swelling, redness, bleeding, or drainage with a bad odor from your wound site.
- \* If you go home with the chest tube still in place, call your doctor if it gets displaced or falls out or if there is a change in the color or amount of drainage, drainage around the tube, or if the tube gets clogged.

Other important things you need to do to after your procedure/operation:

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Phone: 800-987-6543

Email: [jsmith@surgicalassociates.com](mailto:jsmith@surgicalassociates.com)

Website (if applicable): [www.surgicalassociates.com](http://www.surgicalassociates.com)

Your surgeon: John Smith

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<http://health.nih.gov/>