

Patient information/declaration of consent for liver biopsy

Label

Declaration of informed consent

provided by:

Date:

Dear Patient,

Please be so kind as to read these documents as soon as you receive them. You should then complete the questionnaire and date and sign the documents, where possible on the day before the examination. If you have any questions, please contact your GP or the consultant performing the procedure (gastroenterologist).

You are to undergo a liver biopsy. We now enclose the following documents for this examination:

- an information sheet
- a questionnaire
- the declaration of consent form

Information sheet:

The information sheet contains details about the procedure used for the examination as well as its purpose and and risks. Please make sure you read it through carefully.

If you have any further questions about the necessity and urgency of the examination, alternative procedures or the risks it involves, please contact your GP. The doctor who referred you for this procedure can answer most questions about it. Specific problems or queries about the technical details of the procedure can be answered as necessary by the consultant performing the examination (gastroenterologist). If you require this, please contact us or the doctor making the referral in good time.

Questionnaire:

Please be so kind as to complete the enclosed questionnaire in full to clarify your tendency to bleed and respond to the questions about any medication, intolerances or allergies you have. If you take anticoagulants to thin the blood (e.g. Sintrom, Marcoumar) or aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel, etc. on a regular basis, please ask your GP whether you should stop such medication in good time (at least one week before the examination). Please bring the questionnaire with you to the examination. Where possible, make sure you sign and date the questionnaire one day before the examination. If you have any problems or are unclear about answers to your questions, please contact us or your GP in good time.

Declaration of consent:

Please also read the declaration of consent form through carefully. Here too, please make sure you sign and date the questionnaire at the latest on the day before the examination.

The information sheet is yours to keep, while the questionnaire and declaration of consent form are held on file by us with your medical records.

Documentation for informed consent recommended by the Swiss society for gastroenterology (SGGSSG), the FMH Swiss Medical Association and the Swiss organisation of patients (SPO Stiftung Patientenschutz)

Information sheet for liver biopsy

Why do I need a liver biopsy?

Following previous examinations you are suspected of suffering from liver disease. Examining tissue from the liver under a microscope and comparing the results with blood tests allows this to be identified more accurately and possible treatment options to be pinpointed in your case.

What preparations are necessary for a liver biopsy?

You must not eat or drink anything in the 6 hours before a liver biopsy. If you take anticoagulants to thin the blood (e.g. Sintrom, Marcoumar) or Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel, etc. on a regular basis, please make sure you discuss whether to stop such medication in good time (at least one week before the examination) with your GP.

Can I work/drive afterwards?

Sleep-inducing drugs and/or painkillers are administered for the procedure. This means that you will not be able to drive after taking such drugs, so please do not come for the examination with your own vehicle. Make sure you are accompanied by another person. After you have taken these drugs, you should not sign any legally binding documents for 12 hours afterwards, i.e. you should not take out any contracts during this period.

What happens during a liver biopsy?

Before the examination an infusion is given via the arm. Ultrasound is then used to find a suitable spot for the liver biopsy. After the application of a local anaesthetic to the skin and muscles a needle is inserted between the lower ribs on the right-hand side of the body and tissue removed from the liver lying below. This procedure only takes a few seconds. Afterwards you will be monitored for at least 4 hours. You might suffer a little pain and will be given a painkiller if required.

What risks are associated with a liver biopsy?

The examination itself is low-risk. Complications may occur in rare cases even with the greatest of care, possibly also becoming life-threatening in exceptional circumstances. They include: irritation of the peritoneum (lining of the abdomen and its organs) with pain, complications in the form of bleeding (<1%), injury to the lungs, gallbladder or pleura (membrane lining the lung and chest cavity) (0.1%). These complications can make admission to hospital necessary, and surgery in very rare cases (0.2%).

What should I (not) do after a liver biopsy?

For the first 24 hours after a biopsy you should avoid physical exertion and where possible, have someone else at home with you. If you suffer from increasing levels of pain, start to feel light-headed (e.g. dizzy), breathless or generally unwell, please inform your GP or go to Accident & Emergency at once.

Any questions about the procedure?

If you have any further questions about the planned examination, please contact your GP. If you still aren't entirely clear about the procedure, get in touch with the consultant performing the procedure (gastroenterologist).

You can contact the following doctors about any queries or problems you might have:

GP		Tel:
Gastroenterologist		Tel:

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Questionnaire

Label

Questions about your tendency to bleed:

1. Do you have heavy nosebleeds for no apparent reason?		
2. Do your gums bleed for no apparent reason (when cleaning your teeth)?		
3. Do you have bruises (haematomas) or small bleeds on the skin without any apparent injury?		
4. Do you have the impression that you bleed a lot after minor injuries (e.g. when shaving)?		
5. Women: Do you have the impression that your period lasts a long time (>7 days) or do you constantly have to change tampons / sanitary towels?		
6. Have you ever experienced heavy or lengthy bleeding during or after dental treatment?		
7. Have you ever experienced heavy or lengthy bleeding during or after surgery (e.g. an operation to remove your tonsils / appendix or when giving birth)?		
8. Have you ever been given blood or blood products during surgery?		
9. Has anyone in your family (parents, siblings, children, grandparents, uncles, aunts) had a disease involving an increased tendency to bleed?		

Questions about medication, allergies, accompanying conditions:

1. Do you take anticoagulants to thin the blood (e.g. Sintrom, Marcoumar) or have you taken aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel, etc. or medication for colds or flu, painkillers or rheumatism tablets in the last 7 days? If so, which ones?		
2. Do you have an allergy or hypersensitivity reaction (to medication, latex, local anaesthetics, sticking plaster)? If so, which?		
3. Do you have heart valve disease or a disease affecting the heart or lungs? Do you have a patient identification pass for the prevention of endocarditis (green / red)?		
4. Do you wear a cardiac pacemaker / defibrillator or metal implant?		
5. Are you known to suffer from any malfunction of the kidneys (kidney failure)?		
6. Are you diabetic?		
7. Women: Are you pregnant or could you be?		
8. Do you have loose teeth, a disease affecting the teeth or wear dentures?		

I, the undersigned, have completed the questionnaire to the best of my knowledge.

Place, date

Patient's
name

Patient's signature

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I, the undersigned, have taken note of the information sheet.

I have received detailed information from the physician about the reason (indication) for a liver biopsy. I understand the nature of a liver biopsy as well as the procedure and risks involved. My questions have been answered to my satisfaction.

(Mark with a cross as appropriate)

I consent to the performance of liver biopsy

Yes	No
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Patient's name

Physician's name

Place, date

Patient's signature

Place, date

Physician's signature

For patients who are unable to give consent themselves:

Legal or authorised representative

Physician's name

Place, date

Representative's signature

Place, date

Physician's signature

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