

## CLINICAL SKILLS: EXPLANATION OF PROCEDURES AND GAINING CONSENT

*In your OSCE, you may be asked to explain a procedure and gain consent for it. You may even be provided with a consent form for the patient to sign after your discussion. It is vital to remember that any doctor taking consent for a procedure should have sufficient knowledge of the proposed procedure and the risks involved before they can consent a patient for it. Below are some common procedures that are discussed in OSCE stations, along with a structure about how to explain it to a patient:*

- [Liver biopsy](#)
- [Endoscopy](#)
- [Endoscopic retrograde cholangiopancreatography](#)
- [Colonoscopy](#)
- [Bronchoscopy](#)

*For all of these possible stations, simple and clear drawings can be really helpful in trying to explain complicated procedures to patients, and shows that you have a good understanding of the procedure to both the patient and the examiner.*

- Wash hands, introduce self, ask patient's name and ask permission to discuss procedure with them
- Ensure you are both seated on a level
- Try to approach the consultation at a steady pace to ensure that the patient has time to clarify or ask questions
- "Chunk and Check" - whenever giving patients information, make sure that you stop often between segments of information and check that the patient has understood

### **Liver biopsy:**

- Do you know why you have come in today?
- What do you understand about this procedure?
- Explain the reason for the procedure:
  - E.g.: may aid diagnosis of liver disease
  - Can give prognostic information about a disease
  - Establishes severity of disease
- Pre-procedure:
  - You will usually have a blood test done shortly before the biopsy to check how well your blood will clot.
  - We will not be able to do the procedure until the results of this test are given to us
- The procedure itself:
  - Takes 10 minutes
  - Local anaesthetic into the right upper quadrant, so you will be awake
  - US guided
  - You must take a deep breath in and hold for 10 seconds

- Needle then inserted and a piece of liver is removed
- This will then be tested in our lab
- Post-procedure:
  - You will have to lie flat for 6 hours after the procedure
  - Can go home after this if observations are normal
  - Blood pressure and pulse will be taken half to one hourly through this period
- Complications: important to mention a few of these to a patient before they can consent to a procedure.
  - Common:
    - RUQ or shoulder tip pain
    - Localised bruising
  - Uncommon:
    - Haemorrhage
    - Severe abdominal pain
    - Perforation
    - Infection
  - These may require admission and possible surgery

### **Endoscopy:**

- Do you know why you have come in today?
- What do you understand about the procedure?
- Reason for the procedure:
  - E.g.: to investigate dyspepsia
  - Identify cause of bleeding, anaemia, etc.
- Pre-procedure:
  - Make sure you have fasted for past 6 hours of all but water
  - Make sure you have got someone to take you home if you would like sedation
- Procedure:
  - Sedation if needed, or LA sprayed at the back of the throat
  - You lie on your side on a couch
  - Fibre-optic tube 1 cm in diameter passed down the oesophagus, into the stomach and duodenum
  - Enables doctor to look at these regions for anything abnormal on a screen
  - Doctor may take a sample of tissue, a biopsy. This will be sent off for various tests.
  - The doctor may also be able to remove anything that looks unusual, e.g.: a polyp
  - The procedure should last around 15 minutes
- Complications:
  - Common:
    - Sore throat
  - Uncommon:
    - Tears - small or large. If large they may require surgery
    - Perforation leading to pneumomediastinum
    - Mediastinitis - requires antibiotics

### **Endoscopic retrograde cholangiopancreatography (ERCP):**

- Do you understand why you have come in today?

- What do you understand about the procedure?
- Explain the reasons for the procedure
  - E.g.: investigation/treatment of gall stones
  - Investigation cause of jaundice
- Pre-procedure:
  - Make sure you have fasted for past 6 hours of all but water
  - Make sure you have got someone to take you home if you would like sedation
- Procedure:
  - Sedation or local anaesthetic sprayed to back of throat
  - Fibre-optic tube 1 cm in diameter passed through the mouth, through the stomach and into the first part of the small bowel and through the ampulla vater
  - Dye is injected through the papilla back up into the bile and pancreatic ducts (a 'retrograde' injection). This is done via a plastic tube in a side channel of the endoscope.
  - X-ray pictures are then taken.
  - If a gall stone is found, a small cut will be made in the sphincter of oddi. Then a wire basket cage will be passed up around the stone and removed. The doctor may have to make several attempts at this
  - If unsuccessful, this may require another attempt or an operation
  - If the x-rays show a narrowing or blockage in the bile duct, the doctor can put a stent inside to open it wide. A stent is a small wire-mesh or plastic tube. This then allows bile to drain into the duodenum in the normal way. You will not be aware of a stent which can remain permanently in place.
- Complications:
  - Common:
    - Sore throat
  - Uncommon:
    - Bleeding
    - Infection
    - Perforation
    - Pancreatitis
    - Cholangitis

### Colonoscopy

- Do you understand why you have come in today?
- What do you understand about the procedure?
- Explain the reason for the procedure:
  - E.g.: change in bowel habit, blood or mucous in stool, unexplained anaemia
- Before the procedure:
  - Warn patient they will need bowel preparation?
  - Check if patient has someone who can take them home if they would like sedation
- The procedure itself:
  - It will take 15 minutes
  - Sedation iv used
  - You will lie on your side on a bed
  - A fibre-optic tube 1 cm in diameter is passed through the anus and into the large bowel

- Gas will be used to inflate the bowel. This may feel a little uncomfortable.
- The doctor will be able to see the bowel on a screen
- He or she may then be able to diagnose any changes seen in the bowel
- A biopsy may be taken for further testing
- Anything abnormal may be removed at the time, e.g.: a polyp
- Complications:
  - Common:
    - Abdominal discomfort
    - Memory loss from sedation
    - PR bleeding
  - Uncommon:
    - Perforation - small or large. Large may require surgery, small may be treated with antibiotics
    - A defunctioning colostomy may be required if there is peritoneal soilage
    - Infection

### **Bronchoscopy:**

- Do you know why you have come in today?
- What do you understand about the procedure?
- Explain reasons for procedure:
  - E.g.: haemoptysis, suspected cancer, persistent cough
- Pre-procedure:
  - Tell patient they should fast for the preceding few hours
  - Tell patient they should have someone to take them home if they want sedation
- Procedure:
  - Lasts around 30 minutes
  - You may be connected to monitor to check your heart rate and blood pressure during the procedure. A device called a pulse oximeter may also be put on a finger. This does not hurt. It checks the oxygen content of the blood and will indicate if you need extra oxygen during the bronchoscopy.
  - Local anaesthetic sprayed or a sedative given
  - A fibre optic tube around 1 cm in diameter is passed through your nose, into your throat and into your wind pipe
  - It is then passed through your upper airways
  - The doctor can see what this looks like via a video screen
  - Bronchoscopes have a side channel down which a thin 'grabbing' instrument can pass. This can be used to take a small sample (biopsy) from the inside lining of a bronchi, or to remove small objects from the airways (such as an inhaled peanut).
- Complications:
  - Common:
    - Sore throat
  - Uncommon:
    - Chest infection
    - Haemoptysis
    - Lung collapse

**To close the consultation:**

- Ask the patient if they have any further questions (and give a reasonable time to allow for this)
- Provide the patient with a leaflet and give them the option to come back if they have any further questions or want to discuss something further
- Ensure that you offer reassurance that the team will be working their hardest to make the procedure safe and comfortable