

Patient's informed consent for implantation of permanent dialysis catheter

Patient – name and surname:	Birth registration number (insurance number):
Date of birth: (if no birth certificate number exists)	Health insurance company code:
Patient's permanent address: (or other address)	
Name of legal representative (guardian):	Birth certificate Number:

Name of the procedure

Implantation of permanent dialysis catheter
(insertion of dialysis catheter for long-term use)

Purpose of the procedure

Indications for surgery:

- Obtaining long-term access to the bloodstream (most often in the internal jugular or subclavian vein, rarely the femoral vein) for extracorporeal blood purification methods.

Nature of the procedure

The dialysis catheter is inserted by puncture or surgery. The procedure is always performed under local anaesthesia using the Seldinger method (a wire is inserted into the vein with a needle, after which a central catheter is inserted) or the catheter is inserted into the vein after a short incision along the guidewire. The end of the catheter is guided out through a subcutaneous tunnel through the skin and fixed. An integral part of the procedure is a subsequent X-ray check of the position and functionality of the catheter.

If no complications occur during dialysis treatment, the catheter can be used for months to several years.

Expected benefit from the procedure

Providing long-term vascular access to extracorporeal cleansing methods in situations where it is not possible to establish a conventional subcutaneous arterial-venous dialysis coupling on an upper limb.

Alternatives to the procedure

Repeated insertion of temporary dialysis catheters placed in large veins (internal jugular, subclavian or femoral veins) with a high risk of subsequent complications.

Potential risks of the procedure

- Allergic reaction to skin disinfectant or numbing agent.
- Short-term soreness at the site of insertion or subcutaneous tunnel.
- More rarely, prolonged minor bleeding at the site where the catheter is brought out through the skin (in diseases with bleeding or clotting disorders).
- Intrusion of air into the pleural cavity in pleural injury.
- Catheter occlusion by a blood clot and loss of function.
- Infection of the catheter or its surroundings, necessitating its removal.

Consequences of the procedure

Long-term placement of a permanent catheter may result in narrowing to closure of the central outflow tract of the venous system (in the area of the superior or inferior vena cava).

Consent:**Note: circle your answer:**

I have been clearly informed about alternatives to the procedures performed at the University Hospital Olomouc, which I can choose.	YES	NO
I have been informed about the possible limitations of the usual way of life and work capacity after the respective medical procedure, and also about changes to health capability in the event of potential or anticipated health changes.	YES	NO
I have been informed about the treatment regimen and suitable preventive measures, and about control medical procedures.	YES	NO
I understand all the explanations and information, which I received from the doctor, and I have had the opportunity to ask additional questions, which were answered by the doctor.	YES	NO

After receiving the above explanations, I hereby declare:

- that I consent to the proposed care and performance of the procedure and, in the event of unexpected complications, to the urgent performance of additional procedures, necessary to save a life or health.	YES	NO
- that I have been honest with my doctors and have provided them with all the information about my health, which was known to me and which could adversely affect my treatment or put anyone else at risk, in particular by the spread of communicable diseases.	YES	NO
- that if necessary, I consent to the sampling of biological material (blood, urine...) for necessary tests to rule out in particular, communicable diseases.	YES	NO

Date	Hour	Patient's / Legal representative's (guardian's) signature

Name and surname of the doctor who provided the information	Signature of the doctor who provided the information

If the patient is unable to sign, specify the reasons for which the patient was unable to sign:

How the patient expressed his/her will:			
Name and surname of the healthcare professional/witness	Signature of the healthcare professional/witness	Date	Hour