



What to expect in an Informed Consent Form: Surgery for Empyema

Patient and family information, brought to you by the Education Committee of APSA

What is an “Informed Consent”?

This is a hospital document designed to guide the conversation between a surgeon, their patient and their patient’s parent/guardian, for children under 18 years old. This document helps ensure that you and the surgeon have discussed the important facts of the surgery, including any risks involved.

Surgery for empyema is called **decortication**, and is performed under “general anesthesia.” This means your child will be asleep, and a breathing tube is used to make sure their breathing is safe. This tube is usually removed at the end of the surgery, but occasionally needs to stay in place if your child’s breathing isn’t strong enough yet. If the tube has to stay in place, the hospital team will use medicine to make sure your child stays calm and comfortable until it can be removed.

Decortication surgery may be performed either: 1) with a camera and 2 or more small chest incisions, or 2) as an “open” surgery with a single, bigger incision. Surgery with a camera is called **VATS** (Video-Assisted Thoracoscopic Surgery), and the “open” surgery is called a **thoracotomy** or **mini-thoracotomy**. Your child’s surgeon will discuss the advantages and disadvantages of each type of surgery, and why they recommend one or the other. Both surgeries allow the surgeon to accomplish the same goal: breaking up all infected pockets around the lung, removing the fluid and the pocket walls, freeing the lung to work better, and placing one or more chest tubes to prevent fluid from building up again.

The following topics are covered in most consent forms. There may be some minor differences specific to your hospital.

1. What surgery is being done, and by whom:
 - a. Your child’s name
 - b. Operation to be performed: “VATS Decortication” OR “Thoracotomy and decortication”
 - c. Side of the operation: *Before the surgery, your child’s surgeon will confirm the correct side for the surgery (right or left chest) and mark your child’s chest with a surgical marker. Other members of the surgical team will also confirm the correct side with you.*
 - d. Diagnosis: “Empyema of the [RIGHT or LEFT] chest”
 - e. Surgeon’s name
 - f. If your surgeon works in a teaching hospital, there may be an explanation that trainees (doctors in training for surgery, nurses in training) might participate in the operation or be in the room observing as a part of their education. Your surgeon will still be present and supervising the operation at all times. If you have questions about the role of education and trainees at the hospital, ask the surgeon to explain this to you.

2. Risks of surgery and alternative treatments:

- a. Your surgeon will discuss the risks of decortication with you, including:
 - i. Infection, either of the incisions or re- infection of the chest fluid
 - ii. Bleeding, either from the skin, the blood vessels between the ribs, or from inside the chest

Note: *It is common to see blood in the chest tube and the collection box right after surgery, but this usually turns clearer over 1-2 days after surgery*

- iii. Injury to the lung causing an “air leak”

Note: *An air leak happens when the surface of the lung gets a hole in it and lets air escape from inside the lung. This can occur even with gentle handling of the lung, because the lung surface is fragile from the infection. In most cases, the body will seal the hole by itself, and keeping the chest tube in place is the only treatment needed. Very rarely, another surgery is needed to seal the hole.*

- iv. Excessive scarring of the skin where the incisions are made

- b. The alternative to decortication surgery is the use of a small chest tube and medicine to break up the infected pockets. Your child’s surgeon will explain why this may or may not be a good option.

3. Tissue or specimen removal:

- a. Any fluid removed may be sent to the lab, to see what bacteria are causing the infection.
- b. Any solid material removed may be sent for examination under a microscope.

4. Pictures or photography:

- a. Photographs may be taken during surgery for the purpose of documenting the degree of infection in the chest space. If the pictures are used for teaching or for scientific purposes, your child’s identity is never shared.

5. Blood transfusion:

- a. In the event that a blood transfusion is needed to save your child’s life or prevent harm to your child, blood may be given before, during or after surgery. It is rare to need blood related to decortication surgery, but can happen. Your surgeon will discuss this with you.

6. Anesthesia:

- a. There may be a section describing anesthesia medications that are given during surgery. You will meet your child’s anesthesiologist before surgery, and they will explain how your child will be kept safely asleep during surgery, and awakened at the end.

7. Signatures and a witness:

- a. You and your surgeon will sign the consent form after discussing the surgery and you have had your questions answered. If another care provider, such as a nurse, was present for the discussion and saw you sign the form, they may also sign as a witness to confirm that you wish to proceed with surgery.