



What to expect in an Informed Consent Form: Central Venous Catheter Insertion

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

What is an “Informed Consent”?

This is a document that is designed by a hospital to guide the conversation between a surgeon and their patient (or the patient’s guardian or parent for children less than 18 years old). This document ensures that you and the surgeon have talked about the important facts, including risks of surgery. While Central Venous Catheter Insertion operations are some of the most common operations that surgeons do and are generally very safe, this document ensures that you have had the opportunity to discuss the details of surgery and all your questions have been answered. Informed consent must be completed before surgery can happen.

Here are the items that are usually covered in operation consent forms. There may be some minor differences specific to each hospital.

1. What is being done, and by whom:
 - a. Patient name
 - b. Operation to be performed: “Central Venous Catheter Insertion”. This is often done with ultrasound and/or X-ray guidance. Ask your surgeon if you have questions about how it will be done for your child.
 - c. Side of the operation: “right or left”. The side is often picked at the time of surgery depending on the surgeon’s preference and size of the patient’s blood vessels.
 - d. Diagnosis: The diagnosis or reason why a central venous catheter is needed can vary. It might be needed for frequent blood draws in a patient who has a hard time getting normal IVs. Or it might be needed for giving certain medications, like chemotherapy drugs and total peripheral nutrition (TPN, a special IV nutrition).
 - e. Surgeon’s name
 - f. If your surgeon works in a teaching hospital, there may be a description of the trainees (doctors and nurses in training) who might participate or be present during the operation 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. If something different is found during surgery:
 - a. If during the surgery your surgeon encounters something unforeseen or unexpected, they will address this in the best way possible for your child according to their professional judgement.

- b. The surgeon would tell you about what was found and how it was fixed as soon as they could.
- 3. Risks of surgery and alternative treatments:
 - a. The minor, immediate risks of central venous catheter insertion include:
 - i. Scar where the incisions are made
 - ii. Infection
 - iii. Bleeding from the skin insertion site
 - b. The major immediate risks of central venous catheter insertion are rare, but are still important to discuss. These include:
 - i. Injury to blood vessels and major bleeding
 - ii. Injury to the lung. If the lung is injured, air may leak out into the chest, causing a pneumothorax. If blood fills the space between the chest and lung, this is called a hemothorax. Depending on the size of the injury, additional procedures may be required, such as insertion of a tube to drain the air or blood.
 - iii. Arrhythmias, or changes in the heart's rhythm when touched by the catheter
 - iv. Stroke
 - v. Pulmonary embolism
 - vi. Death
 - c. Long term risks include things that may happen if the catheter remains in place for a long time. If any of these happen, the line may need to be repaired or replaced. Alternatively, other medications or procedures may be required to fix the problem
 - i. Catheter break: the catheter or attached tubing and ports can crack
 - ii. Catheter malfunction: the catheter might stop flushing or withdrawing
 - iii. Catheter migration: this might happen if the catheter moves and no longer ends in the right spot. This might also happen if the patient grows so much that the catheter becomes too short.
 - iv. Infection
 - v. Blood clots around the catheter
 - vi. Blood vessel scarring or narrowing around the catheter
 - d. Alternative treatments: Depending on the reason why your child needs a central venous catheter, there may be other options. These might include multiple peripheral IVs, or another kind of special IV called a peripherally inserted central catheter (PICC).
- 4. Tissue or specimen removal:
 - a. No tissue or specimens are usually removed for central venous catheter insertions.
 - b. If there is some tissue that needs to be removed during the operation, it will be disposed of by the hospital according to professional standards.
 - c. If there is educational value to the tissue (like for teaching), the hospital may keep the tissue if appropriate. Your child's identity will not be revealed.
- 5. Pictures or photography:
 - a. Pictures might be taken during surgery and placed into the patient's medical record so other health care providers know what was done.
 - b. Pictures might also be taken for educational or teaching purposes. These photos can help advance medical knowledge, but in this case, your child's identity will not be revealed.

6. Blood transfusion:
 - a. If a blood transfusion is needed to save your child's life or prevent harm to your child, blood might be given before, during or after surgery.
 - b. The likelihood of needing a blood transfusion depends on the patient's diagnosis. Your surgeon will discuss this with you.
7. Anesthesia:
 - a. There may be a section describing anesthesia medications that are given during surgery.
 - b. You will meet your child's anesthesiologist before surgery and they will explain how your child will be kept safely asleep during surgery.
8. Signatures:
 - a. You will be asked to sign the informed consent form.
 - b. It might also be signed by a witness. The witness is another staff member (such as a nurse) who heard you receive an explanation of what the form said and saw you sign it.
 - c. Your surgeon might sign the form as well.

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