**PATIENT’S CONSENT TO THYROID BIOPSY**

Name, surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical manipulations, including thyroid biopsy, is performed for medical reasons and usually run without complications. At the same time, it is important to realise that the manipulation includes a number of risk factors, from minor to serious.

**RESPONSE TO MEDICATIONS, ANAESTHESIA AND OTHER SUBSTANCES.**

Unexpected allergic and other reactions are possible to any medication or anaesthetics. To mitigate potential risks, it is important to inform your physician of whatever reaction, which You have had while using medications or other substances. It is important to make physicians aware of medications, which You used within the recent six months, including food additives, narcotics etc.

**BLEEDING**

Moderate bleeding from the affected blood vessels happens during whatever invasive manipulation. It usually stops on its own, upon pressing the manipulation site. In certain circumstances haematoma can develop, which liquidation might need invasive manipulations.

**INFECTION**

Infection is the body infection with bacteria or other microorganisms, which can happen during any skin cutting or puncture. To mitigate the infection risk, the principles of sterility are followed during manipulation. Usually the healing process runs without complications. In certain circumstances surgical manipulations or antibacterial therapy might be required to liquidate the consequences of infection.

**OTHER RISKS AND TREATMENT OPPORTUNITIES**

It is impossible to include in the list all risks of medical manipulation. Although You have chosen this method of diagnostics You had a possibility to opt for another method, to gain information of whatever issue of interest to You, as well as opt for another physician.

**ASPIRATION BIOPSY** (for examination of cysts, formations)

**Course of examination:** the skin biopsy site is treated with a disinfectant (Cutasept),

anesthetized  with sol. Lidocaini 2%. Procedures performed under the US control: puncture of a cyst or formation (introduction of a puncture needle into the cyst /formation area), aspiration (suction) of the content from the cyst, formation. To make information gained more accurate, the cells need to be taken from a number of the nodule sites or from a number of nodules, therefore, such punctures need to be repeated up to 5 times. The biopsy materials are sent to the laboratory for cytological examination. The puncture site is dressed up with sterile bandage.

☝ **Please be informed: where during the thyroid aspiration biopsy no sufficient informative cytological material managed to be obtained for further analyses, then puncture needs to be repeated.. For the performed manipulation no money shall be refunded.**

**Examination may not be performed (contraindications):**

* Where there is local skin damage in the intended puncture area.
* In case of long-standing use of blood – thinners (Aspirin, Warfarin etc.) – relative contraindication, **warn your physician!**
* pregnancy – relative contraindication – biopsy may be performed, if clinical benefits outweigh the potential risks, **warn your physician!**

☝ With the greatest responsibility I have informed my physician of my health condition.

The attending physician has made me aware of the manipulation course, answered questions of interest to me on the manipulation details and probable complications. Being fully aware of the foregoing, I allow the attending physician MD Arturs Balodis and his chosen assistants to perform on me thyroid biopsy under US control.

I understand that during manipulation contingent circumstances and situations can develop, which might require changes in the treatment plan, application of additional methods to achieve the best possible results, therefore I authorize the physician and his chosen assistants to perform thereof.

***Patient:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (name, surname) (signature)

***Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Time***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Medical specialist:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_

 (name, surname) (signature)