UCLA Healthcare

INFORMED CONSENT INFORMATION

ADDRESSOGRAPH DATA

THORACOTOMY

The purpose of this document is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your physician. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your physician prior to signing the consent form. We appreciate your selecting UCLA Healthcare to meet your needs.

The Procedure: Thoracotomy is usually performed to remove a cancer of the lung. In some cases, it may be performed to treat tuberculosis or fungal infection. Surgery is the most effective and potentially curative procedure for patients with non-small cell lung cancer. The surgery must obtain complete removal of all the tumor on the same side of the chest to be effective. Incomplete removal of the tumor gives no survival advantage. Various procedures on the lung include:

- Lobectomy: Involves the entire removal of one lobe of the lung along with all draining lymph nodes in the region of the primary tumor.
- Pneumonectomy: An entire lung is removed and major pulmonary function is sacrificed.
- Segmentectomy: Removes the tumor and less surrounding lung than a lobectomy. Usually reserved for older patients with major pulmonary function defects.
- Wedge resection: Removes only a small wedge of lung containing the tumor.
- Video Assisted Thoracoscopic (VATS) procedure (video): Performed through small openings in the chest, using a fiber optic scope connected to a monitor to guide the instruments.

Benefits

You might receive the following benefits. The doctors cannot guarantee you will receive any of these benefits. Only you can decide if the benefits are worth the risks.	1. Removal of tumor and disease tissue 2. Relief from pain and associated symptoms. 3. Improved probability of survival

Risks

Before undergoing one of these procedures, understanding the associated risks is essential. No procedure is completely risk-free. The

following risks are well recognized, but there may also be risks not included in this list that are unforeseen by your doctors.

1. Bleeding may occur during or after the operation. Bleeding may require reoperation.
2. There may be inflammation of the lungs.
3. You may develop a pneumothorax (an air space in the chest outside the lung), necessitating a longer hospital stay.
4. You may experience cardiac arrhythmias (abnormal heart rhythms); existing heart problems may become worse.
5. There may be blockage of a blood vessel in the leg (deep vein thrombosis) with potential for blood clots in the lung (pulmonary embolism).
6. You may develop pneumonia, infection, or hemorrhage, or air leaks.
7. You may experience pain at the operative site or shortness of breath.
8. You may develop adverse reaction(s) to the sedatives/analgesics that may result in nausea, vomiting, seizures, hallucinations, allergic reaction, skin rash, fever, or cardiac arrhythmias requiring drug treatment.

Alternatives

Alternatives to this procedure include:

1. Not undergoing the procedure.
2. Chemotherapy.
3. Radiation therapy.

If you decide not to have this procedure, there may be associated risks to this decision. Please discuss it with your doctor.

I discussed the above risks, benefits, and alternatives with the patient. The patient had an opportunity to have all questions answered and was given a copy of this information sheet.

Physician Signature	Date
Patient Signature	Date