

## Consent to Diagnostic Procedure Bone Marrow Aspiration

Your Doctor, **Dr. Jim Weiss** has requested that our laboratory perform a bone marrow biopsy to assist him / her in the management of your case.

### PROCEDURE DETAILS

A bone marrow aspiration may be performed under local anaesthetic or 'light' sedation with midazolam or propofol. A local anaesthetic (xylocaine) is injected into the skin around the hip bone, after which a needle is inserted to withdraw some bone marrow (aspirate) followed by a piece of bone tissue (trephine). Following this procedure a sterile waterproof dressing is applied over the site and should be kept in place for at least 24 hours. You may shower but no baths for the next 48 hours. The procedure takes less than 30 mins and you will be kept for observation for anywhere between 30mins and 1hr. If sedation is given and you are in a day hospital, this period of observation may be longer. You cannot drive for 24 hours and a carer is required to drive you home.

### PREPARATION

**Under local anaesthetic-** No preparation is required for this test if you are having the procedure under local anaesthetic.

**Under sedation-** If having sedation, then you will need to fast for 6 hours prior to the procedure. You will need a carer to drive you home.

### FOLLOW UP

In general, this is a safe procedure with few adverse effects. Common adverse events include but are not limited to: pain at the site of injection (Panadol not aspirin is recommended if medication is required for pain control), mild bruising and/or oozing. You should notify the doctor if there is severe pain or bloody discharge on the dressing. Infection is a rare complication. Other complications are very rare. You may wish to discuss this further with the doctor performing the procedure if you have any concerns.

**Please Note:** It is important to let the doctor know if you are on Aspirin / Anti-inflammatories, Heparin or Warfarin prior to the procedure as this will increase the risk of bleeding.

### PATIENT DETAILS

I \_\_\_\_\_ certify that I have read this form and that the procedure and any possible side-effects have been explained to me. I certify that I understand what has been explained to me and I consent to the bone marrow aspiration.

Signature: \_\_\_\_\_

Date of procedure: \_\_\_\_\_

### MEDICAL OFFICER DETAILS

Medical Officer supervising procedure: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_