



**CONSENT FOR BASILIC VEIN TRANSPOSITION OR AV GRAFT**

Name of the patient: \_\_\_\_\_

IPD No: \_\_\_\_\_ Date: \_\_\_\_\_ Age/Sex: \_\_\_\_\_

**Conditions and procedures**

We, the undersigned relatives of Mr./Miss./Mrs. \_\_\_\_\_, have been explained in detail regarding his/her condition. The patient is suffering from chronic renal failure and is on regular haemodialysis. He/She will require basilic vein transposition as simple arteriovenous (AV) fistula is not feasible due to poor caliber of veins/previously thrombosed AV fistula.

**Procedure and its benefits**

In this procedure, the basilic vein (it is deep in the arm) is rotated and placed subcutaneously beneath the skin in the arm. This procedure is helpful for easy haemodialysis.

Some patients, whose own natural vein is of poor caliber, require artificial graft. In this procedure, a segment of synthetic (man-made) graft is placed under the skin to join the vein and artery.

The aim of the surgery is to provide access for haemodialysis.

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

**Specific risks of the procedure**

**There are possibilities of complications with this procedure. They include but are not limited to the following:**

- Infections may occur, leading to pseudoaneurysm
- Pseudoaneurysm needs to be excised and this may result in failure of fistula
- Bleeding- intra or postoperative
- Sudden increase or decrease in blood pressure can lead to thrombosis of fistula
- Wound healing may be delayed, and abnormal wound healing and can lead to scar formation (keloid)
- Nerve injury, which can cause increased sensitivity and/or numbness in the arm/forearm
- Swelling in the arm, which may last for 1 month or more after the surgery. Swelling can be reduced with arm elevation/exercises
- Diarrhoea, vomiting and fever can lead to thrombosis of fistula
- If a synthetic graft is used
  - a) May get infected and need to be removed which can lead to failure of fistula
  - b) May increase the risk of thrombosis with synthetic graft

**Rare but major complications**

Rare but major complications associated with this surgery (can happen in 3–5 out of 100) include:

- |                                                                                                                   |                                                 |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| a) Massive edema of operated limb due to narrowing of central veins (which may be due to previous DLC insertions) | b) ICU shifting or shifting to another hospital |
| c) Ventilatory and oxygen support and intubation                                                                  | d) Heart attack                                 |
| e) Fistula steal syndrome                                                                                         | f) Death                                        |

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

**BASILIC VEIN TRANSPOSITION**



**Need for repeat intervention**

- We have been explained in detail regarding the advantages and disadvantages/complications of disease/surgery
- In some patients (15–20 out of 100) there is possibility of recurrent thrombosis/infection, which may require repeat intervention like:
  - a) Basilic vein transposition at opposite side
  - b) Graft removal (for AV graft patients)
  - c) Fistula angioplasty

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

**Anaesthesia**

This procedure will be done under brachial block, i.e., entire right/left upper limb will be numb during the surgery. As the patient is suffering from chronic renal failure, risk of respiratory and cardiac problems may aggravate because of anaesthesia.

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

**Expenditure**

Approximate expenditure of hospitalisation and treatment has been explained in detail. But if the patient develops unexpected complications, expenditure may increase.

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

**General considerations**

- We have been explained the precautionary measures to be taken for a well functioning fistula.
- **No warranty or guarantee has been given to me with respect to the results of the treatment by the attending doctor.**

**After going through all the details mentioned above, we request to undergo the procedure.**

Signature of the relative: \_\_\_\_\_

Signature of the patient: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**BASILIC VEIN TRANSPOSITION**

**Declaration by the surgeon regarding the procedure**

I hereby declare that I have explained in detail regarding the operative procedure and associated risk factors/complications. I have given detailed explanation to the patient and his/her relatives in the language they could understand and have given them opportunities to ask questions and have given satisfactory answers.

Patient's/Witness's Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Patient's/Witness's Signature: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Date & Time: \_\_\_\_\_



This specific procedural consent is endorsed by the Vascular Society of India and may be used by vascular surgeons practising in India.