Orignal Article

Indian Journal of Surgical Nursing
Volume 11, Number 3 September–December 2022
DOI: http://dx.doi.org/10.21088/ijsn.2277.467X.11322.1

Role of Video Consent in Burns

Jibetosh Biswas[1], Ravi Kumar Chittoria[2], Barath Kumar Singh P.[3]

How to cite this article:
Jibetosh Biswas, Ravi Kumar Chittoria, Barath Kumar Singh P./ Role of Video Consent in Burns/ Indian J Surg Nurs. 2022;11(3):73–76.

Abstract

The video consent and capture system are a useful application in the medicolegal and rehabilitative context. This technology has improved the way of tackling legal lawsuits and also optimised patient care. The stored data is also helpful for future reference and academic purposes. In this article, we explain the importance of video consent in burn patients for documentation.

Keywords: video consent; burn injuries.

INTRODUCTION

The usage of photographic and video support in medical education and research enhances the learning process. The visualdocuments are more effective evidence and support the progress of medical research. Writtendocumentation and verbal consent carry major risk of fabrication of evidence and post event modification of important factors by doctors and patients. Video consent not only reduces chance of litigation, it is helpful for optimized treatment and future follow up and rehabilitation. Apart from ethical values, it carries high efficiency in academic purposes. In the burn population, consent is often performed by the resident physician. These providers are required to experience an orientation about the process of video consent when working on the burns unit. The written informed consent was used prior treatment, surgeries and during communication with the attenders regarding the daily reporting and status of the patient worldwide. In this article we document the role of video consent in burn patients.

Author Affiliation: [1]Junior Resident, Department of Plastic Surgery [2]Professor & Head of IT Wing and Telemedicine, Department of Plastic Surgery & Telemedicine, [3]Senior Resident, Department of Plastic Surgery, Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry 605006, India.

Corresponding Author: Ravi Kumar Chittoria, Professor & Head of IT Wing and Telemedicine, Department of Plastic Surgery & Telemedicine, Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry 605006, India.

E-mail: drchittoria@yahoo.com

Received on: 15.09.2022

Accepted on: 18.10.2022

METHODS AND MATERIALS

This study was conducted in the JIPMER plastic surgery department in atertiary care center. Informed video consent along with written consent taken from the patients using android device and video recording cameras. Informed consent was taken before recording of video and shots being taken. All these videos are stored in a password protected, confidential hard disk of JIPMER plastic surgery department. Stored datas can be used for review and analysis in future. It was

beneficial not only for legal purpose but also for authorized documentation for tackling follow up and rehabilitation post burn injury. The video was taken when explaining the condition of the patient, treatment, surgeries, rehabilitation and further plan to the patient and the relatives by the bedside (Fig. 1).

Fig. 1: Explaining patient and patient relative about the condition and procedure.

The video consent about the condition of the intubated and seriously ill patient was taken with patient relatives (Fig. 2).

Fig. 2: Explaining patient relatives in detail about the condition

Video consent was taken in the similar informed consent format which is followed globally (Fig. 3).

Give this patient information sheet to the patient or substitute decision-maker(s) to read carefully and allow time to ask any questions about the procedure.

1. What is this procedure and how will it help me?

Burnt/Damaged areas of the skin will be debrided/ removed until only viable healthy tissue is left. These areas will then be dressed with sterile dressings, biosynthetic skin substitutes or human Skin Allograft.

A sample of tissue may be taken for therapeutic purposes or for other medical or scientific purposes. Skin cells from this tissue may be used to grow sheets of cultured skin to use to treat your wounds. Some tissue may also be used for research studies which may lead to medical and scientific advances and improvements in patient care. All research studies have been approved by the appropriate ethics committee.

Uncommon risks and complications include:

- Heart attack or stroke could occur due to the strain on the heart;
- Blood clot in the leg causing pain and swelling. In rare cases, part of the clot may break off and go to the lungs;
- The duration of skin allografts may only last seven to ten days before the body rejects them.

Rare risks and complications include:

Death as a result of this procedure is often dependent on the severity of the injury. If you have additional questions, please ask your doctor/clinician.

2. My anaesthetic

This procedure will require an anaesthetic. For more information about the anaesthetic and the risks involved please refer to the anaesthetic information sheet that has been provided to you. Discuss any concerns with your clinician.

If you have not been given an anaesthetic sheet, ask for one.

3. What are the specific risks of this procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- Infections can occur, requiring antibiotics and further treatment;
- Bleeding could occur and may require a return to the operating room;
- Bleeding is more common if you have been taking blood thinning drugs such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), ticlopidine (Tilodene), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines such as fish oil;
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy;
- Increased risk of wound infection, chest infection, heart and lung complications, and blood clot in the leg or lungs for people who are obese;
- The debrided wound may deteriorate requiring further debridement procedures before any skin grafting or reconstruction can be carried out.

4. What are the risks specific to me?

There may also be risks specific to your individual condition and circumstances. Please discuss these with your clinician and ensure they are written on the consent form before you sign it.

5. What are the risks of not having this procedure?

There may be consequences if you choose not to have the proposed procedure/treatment/investigation. Please discuss these with your clinician.

If you choose not to have the procedure you will not be required to sign a consent form.

6. Who will be performing my procedure?

A doctor/clinician other than the consultant or specialist may conduct the procedure/treatment/investigation. I understand this could be a doctor/clinician undergoing further training. All surgical trainees are supervised according to the relevant professional body guidelines.

If you have any concerns about which doctor/clinician will be performing your procedure please discuss the concerns with your doctor/clinician.

Fig. 3: Video consent format which is followed globally

RESULTS

In our study, after implementing video consent process, evidences show that patients and patient bystanders have increased comfort and knowledge about the condition and treatment given to the patient in the informed consent process. It has removed the increased threat of fabrication of legalized documents and verbal or oral consents during and after the hospital stay.

DISCUSSION

Informed consent is a process where the provider and the patient discuss about the treatment, invasive procedures and the condition of the patient. The consent process highlights the risks of the procedure versus the benefits and the complications that could potentially arise. It also creates a forum for discussion and questions. This is an integral part of the perioperative process and must be conducted in a way so that patients can fully understand the consent that they are signing.[4] Implementation of a standardized audio/video consent method for burn surgical patients is an effective way to increase patient and provider

satisfaction. Implementing this educational tool is a cost-effective and simple way to educate burn patients before their surgical procedures. There is an overall improvement in patient and patient relatives satisfaction during the hospital stay. Creating a video that explains the contents of the informed consent, was done. The first and most prioritized goal was to improve patient knowledge and understanding of the informed consent process. Patients that were surveyed expressed how helpful this video was to understand the surgical procedures that were listed on the consent. Patients also reported that the terminology was much easier to understand when it was explained to them in the format that was provided.

CONCLUSION

In our study, the implementation of this evidence-based project is a simple, affordable, and effective way to educate patients on the burn service. Overall, this project is sustainable, leading to further study and ultimately improved patient outcomes.

REFERENCES

1. Book, F., Goedeke, J., Poplawski, A., & Muensterer, O. J. (2020). Access to an online video enhances the consent process Journal of Pediatric Surgery, 55(1), 18–28. https://doi.org/10.1016/j.jpedsurg.2019.09.047
2. Buckwalter, K. C., Cullen, L., Hanrahan, K., Kleiber, C., McCarthy, A. M., Rakel, B., Steelman, V., Tripp-Reimer, T., & Tucker, S. (2017). Iowa Model of Evidence-Based Practice: Revisions and Validation. Worldviews on Evidence-Based Nursing, 14(3), 175–182. https://doi.org/10.1111/wvn.12223] Donate, K . J. (2007, July 3).
3. Evidence-Based Practice: Understanding the Process. Retrieved February 13, 2021, from Topics in Advanced Practice Nursing
4. Marcus, H. J., Jain, A., Grieve, J., & Dorward, N. L. (2018).118, e933–e937. https://doi.org/10.1016/j.wneu.2018.07.102