

Affix patient's label here

## Informed Consent for Private Cardiac Treatment Procedures

### Procedure

*This section is for all Private surgical, medical and diagnostic procedures,  
including associated medication.*

I, \_\_\_\_\_ agree that the procedure described as:

**CARDIAC ANGIOGRAPHY ± ANGIOPLASTY WITH STENT PLACEMENT ± CORONARY  
ARTERY BYPASS SURGERY**

**be performed on me / my child / my ward** (person on whose behalf I can legally consent).  
*Cross out that which does not apply*

I have discussed this with \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_,  
*Cardiologist/Registrar* *Designation*

whose signature appears below. He/she has explained the reasons for and possible risks of  
the procedure, relating to clinical history and condition.

I have had adequate opportunity to ask questions and have received all the information I  
want. I understand that I can ask for more information if I wish. I am aware that I can  
withdraw consent at any time.

Signed: \_\_\_\_\_  
*Patient / person legally entitled to consent*

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

Signed: \_\_\_\_\_  
*Interpreter (if applicable)*

The reasons for and possible risks of this procedure have been explained.

Signed: \_\_\_\_\_  
*Cardiologist/Registrar*

### **A**

**I understand in the event of an emergency I may need to be transferred to Wellington  
Hospital for Coronary Artery By Pass Surgery.**

### Anaesthetic

**B**

I agree to a local / general (*cross out that which does not apply*) anaesthetic being given.

I have read or had explained, and understand, the risks and benefits of the proposed anaesthetic. I have had adequate opportunity to ask questions about the anaesthetic, alternative procedures and risks.

I acknowledge that I should not drive a motor vehicle, operate machinery or potentially dangerous appliances, drink alcoholic beverages or make important decisions for 24 hours after the procedure.

### Blood/Blood products

**C**

I have read, or had explained, and understand the risks and benefits of the use of blood and blood products and have had the opportunity to discuss the use of each.

I agree /do not agree (*cross out that which does not apply*) to the use of these products if required. If agreeing, I am aware that I can withdraw consent at any time.

### Request for Body parts

**D**

I wish to have any body parts returned to me. I understand that in certain situations this may not be possible. This has been explained to me.

<b>A</b>		Please tick box to indicate your acceptance of each section of the consent form
<b>B</b>		
<b>C</b>		
<b>D</b>		

I have discussed this with  
signature appears below. \_\_\_\_\_ , \_\_\_\_\_ , whose  
*Health Professional* *Designation*

Discussion/comments: \_\_\_\_\_

Signed: \_\_\_\_\_  
*Patient / person legally entitled to consent*

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

Signed: \_\_\_\_\_  
*Interpreter (if applicable)*

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

Signed: \_\_\_\_\_  
*Health professional*

## Patient Information for Private Cardiac Angiography and Angioplasty with Stent Placement

Dear \_\_\_\_\_

Your Cardiologist has requested that you undergo cardiac angiography to study your heart.

Cardiac disease can be assessed more accurately by cardiac angiography than by any other test. Based on the results of this test recommendations can then be made for your treatment.

You will be required to spend a number of hours in hospital and possibly, you may be required to stay overnight. As this test involves entering an artery it is essential that you have someone stay with you overnight following the procedure. There is a small risk of bleeding and if this occurred you would need immediate assistance. You are only admitted overnight if a medical problem arises.

You will lie on a firm table to allow x-rays to be taken. You will be covered with a sterile drape and your heart rhythm and blood pressure will be monitored throughout the procedure. A fine tube (catheter) is passed from your wrist (or occasionally your groin) after local anaesthetic has been given. There may be some initial discomfort but after this the procedure should be relatively painless. You will receive some mild sedation to maximise your comfort. The catheter will be gently guided to your heart to allow x-ray pictures of your cardiac arteries to be taken. Measurements of your heart's pumping function can also be assessed if required. The entire procedure usually takes between 15-30 minutes.

Like all similar tests, a small amount of risk is involved. Most patients have no more discomfort than a small amount of bruising. For more details see table below:

### Risk of Complications:

	Angiography	Angioplasty/Stenting
Pain/Bruising	10%	10%
Femoral Artery Damage	1%	1%
Radial Artery Damage	2.5%	2.5%
Stroke/Myocardial Infarction	0.5%	0.5%
Death	0.1%	0.5%

Following this procedure, you will return to the Day Stay Unit or Intensive Care Unit for recovery. You will be asked to rest in bed for two hours and encouraged to drink plenty of fluids. Regular recordings of pulse and blood pressure are taken and if you have any discomfort at any stage, you should report this to your nurse.

If all is satisfactory, you will be discharged home later in the day. A discharge instruction sheet and a copy of your Cardiac Angiography report will be given to you. Follow-up arrangements will be made if required.

Your Cardiologist may decide angioplasty and stent placement is the most appropriate treatment for you. This will be performed at Nelson Hospital. In the very rare event of a surgical emergency, you would be transferred by aircraft to Wellington Hospital for coronary artery bypass grafting surgery.

Angioplasty patients may be allowed home the night of the procedure or may stay in hospital overnight at your Cardiologists discretion.

If you require further information please ask us when you come to hospital for your procedure or phone:

Angiography Suite Nurses: (03) 546 1248

Or

Cardiology Secretary (03) 546 1800 or 546 1668 Ext 7668

Wairau MOPD Nurses, Wairau Hospital: (03) 578 4099 Ext 6902