

CONSENT FORM CORONARY ANGIOGRAPHY	U.R. No	(Please place patient label here)		
	Surname			
	Given Names			
	D.O.B.		Sex	M F
	GP			

A. INTERPRETER NEEDS

An Interpreter Service is required yes no
 If yes, is a qualified Interpreter present yes no

B. CONDITION AND PROCEDURE

Dr Allada has explained that I have the following condition:

.....

.....

Fat (cholesterol) and calcium can build up in the arteries like rust in old pipes. It can stop the flow of blood to the heart. This can cause angina or a heart attack.

This procedure is performed to show up the amount of disease in the coronary arteries, the blood vessels that supply the heart with blood.

After an injection of local anaesthetic, a fine tube (catheter) is put into the artery in the groin. The tube is carefully passed into each coronary artery in turn. A series of video pictures are taken using x-rays and a contrast medium (x-ray dye).

The contrast medium may be injected into the main pumping chamber of the heart (left ventricle). This is to measure the size of the heart and how well it is pumping.

These pictures give us a map of the coronary arteries. This helps us to find out whether you have any narrowing or blockage of your coronary arteries.

Dr Allada can then tell you which treatment is best for you. This may be an operation such as a coronary by-pass or a procedure called an angioplasty (the arteries are widened using a small sausage shaped balloon). Sometimes, drugs alone may be a suitable option.

C. RISKS OF THIS PROCEDURE

- The risks of coronary angiography depends on:
- how bad your coronary artery disease is
 - how well your heart is pumping
 - how old you are
 - your general health.
 - how healthy your organs are
- and is higher if you have had previous bypass surgery.

These are some of the more serious risks that can happen, but are not the only risks:

Less than 1 in 10,000

(a) Skin injury from radiation, causing reddening of the skin

1 in 1000 people

(b) A stroke. This can cause paralysis and long term disability.

(c) Heart attack.

(d) A dangerous reaction to the x-ray contrast medium (dye). If this happens, you may have severe reactions such as asthma, shock and convulsions. Death in extremely rare cases - about 1 in 250,000 to 400,000 injections.

(e) Need for major surgery to the leg at the puncture site.

(f) Need for emergency heart surgery or angioplasty.

(g) A higher lifetime risk from x-ray exposure.

(h) Death

1 in 100 people

(i) The heart may not beat in a proper rhythm which will need urgent treatment.

(j) Surgical repair of the groin puncture site. This may need a longer stay in hospital.

(k) Minor reaction to contrast medium such as hives.

(l) Loss of kidney function due to the contrast medium

1 in 20 people

(m) Major bruising or swelling at the groin puncture site

Most people

(n) Minor bruising

D. SIGNIFICANT RISKS AND RELEVANT TREATMENT OPTIONS

Dr Allada has explained any significant risks and problems specific to me and the likely outcomes if complications occur. Dr Allada has also explained relevant treatment options as well as the risks of not having the procedure.

PROCEDURAL CONSENT FORM

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E. PATIENT CONSENT

I acknowledge that:

Dr Allada has explained my medical condition and the proposed procedure. I understand the risks of the procedure, the anaesthetic including the risks that are specific to me, and the likely outcomes.

Dr Allada has explained other relevant treatment options and their risks. He has explained my prognosis and the risks of not having the procedure.

If I have requested I have been given a Patient Information Sheet on Anaesthesia

I have been given a Patient Information Sheet about the procedure and its risks.

I was able to ask questions and raise concerns with Dr Allada about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that in the unlikely event of complications, I may require a blood transfusion, an additional procedure or surgery.

If my coronary angiogram is performed as a public patient I understand that a doctor other than Dr Allada may conduct the procedure. I understand this could be a doctor undergoing further training

Dr Allada has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I understand that no guarantee has been made that the procedure will improve the condition.

On the basis of the above statements,
I REQUEST TO HAVE THE PROCEDURE.

Name of Patient/
Substitute decision maker
and relationship

Signature

Date

Substitute Decision Maker Under the Powers of Attorney Act 1998 and/ or the Guardianship and Administration Act 2000. If the patient is an adult and unable to give consent, an authorised decision- maker must give consent on the patient's behalf.

F. INTERPRETER'S STATEMENT

I have given a translation in
of the consent form and any verbal and written
information given to the patient/ substitute
decision maker by Dr Allada.

Name of Interpreter

Signature

Date

G. DR ALLADA'S STATEMENT

I have explained

- the patient's condition
- the need for treatment
- consequences of not having the treatment
- the procedure and the risks
- relevant treatment options and their risks
- likely consequences if those risks occur
- the significant risks and problems specific to this patient.

I have given the patient/ substitute decision-maker
an opportunity to

- ask questions about any of the above matters
- raise any other concerns

which I have answered as fully as possible.

I am of the opinion that the patient/ substitute
decision-maker understood the above information.

Dr Christopher Suneel Allada

Consultant Cardiologist

Signature

Date