

<b>PERCUTANEOUS CORONARY INTERVENTION (PCI)</b>	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:

.....

.....

PCI is often used instead of surgery to deal with narrowed or blocked coronary arteries. It is done in the catheter laboratory in much the same way as a coronary angiogram.

The following procedure will be performed:

After an injection of local anaesthetic, a fine tube (catheter) is put into the artery in the groin or arm. The tube is carefully passed into the affected artery using x-rays. A tiny wire is passed down the artery so that a sausage shaped balloon can be passed over it and into the part that is narrowed or blocked.

To open up the artery, the balloon is blown up with fluid, which then presses against the material blocking the artery, pushing it out of the way.

In some people,

the coronary artery may be split or damaged,

the artery may become narrowed again as the balloon goes down

or

the artery may become blocked again.

If any of these happen, one or more stents may be used. A stent is a metal tube or spring coil. This is passed into the diseased part of the artery using a balloon. The balloon is removed once the stent is in place. Stents are almost always used.

The stent stays in for life. After the procedure, you will be given drugs, which reduce your risk of blood clotting and blocking the stents. Clopidogrel is used for up to four weeks and sometimes longer. A small daily dose of aspirin will need to be taken for the rest of your life.

**C. RISKS OF THIS PROCEDURE**

The risks of coronary angioplasty depends on:

- how bad your coronary artery disease is
- how well your heart is pumping
- your general health
- how healthy your organs are

The risks are higher if you have had previous bypass surgery. The risks below are some of the more serious risks that can happen, but are not the only risks:

**Less than 1 in 10,000 people:**

(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) A dangerous reaction to the x-ray contrast medium (dye). This can cause severe reactions such as asthma, shock and convulsions. Death in extremely rare cases - about 1 in 250,000 to 400,000 injections.

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

**1 in 100 people:**

(e) The stent may suddenly close within the first month. This can cause angina or heart attack. It may be treated with another angioplasty, or at worse, with surgery.

(f) A heart attack

(g) Emergency heart surgery.

(h) A bad reaction to the drugs after blood clotting

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

(j) Minor reaction to contrast medium, e.g. hives.

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

**1 in 50 people:**

(l) Emergency surgery to re- open the coronary artery

(m) Surgical repair of the groin puncture site. If this happens, you may have a longer stay in hospital.

(n) **1 in 20 people:** Major bruising or swelling at the groin puncture site

(o) **1 in 3 to 1 in 20 people:** The stent can narrow or scar. This can cause angina. This is usually treated with another angioplasty, or at worse, with surgery.

(p) **1 in 5 people:** The coronary artery can become narrowed again. There are special types of stents (known as drug eluting stents) that can stop the artery from narrowing again. These stents are successful for 95 out of a 100 people.

PROCEDURAL CONSENT FORM

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**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. He has also explained relevant treatment options as well as the risks of not having the procedure.

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

I have been given 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 procedure 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 my 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 .....