

RIGHT HEART CATHETER	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:

.....

Your condition requires a test called a Right Heart Catheter.

This involves placing a pressure-monitoring tube (catheter) into the chambers of your heart and the blood vessels of your lungs. By doing this, Dr Allada will learn more about the pressure in your heart and lungs and the pumping function of your heart.

You will have the following procedure:

Either your neck or groin is cleaned with antiseptic. You are covered with sterile sheets.

You are given an injection of local anaesthetic under the skin. The local anaesthetic may cause discomfort for several seconds.

Dr Allada places a small needle into either the neck or groin vein.

Once the needle is in the vein a fine wire is put into the vein. A plastic tube, called a sheath is put over the wire into the vein. You may feel pressure on your neck while the tube is placed in the vein. This is usually painless. The wire is removed.

A soft balloon "pressure catheter" is put into the vein. It is pushed along until it reaches the heart and then goes up into the blood vessels of the lungs. Dr Allada uses x-rays to see the catheter. The pictures appear on a video screen.

Pressures in the lungs and the heart are recorded. A sample of blood is taken to look at the oxygen level and other levels. Cold water is injected to help calculate the function of the heart.

Most patients have no feeling of the catheter being inside the heart or the lung blood vessels.

Your blood pressure, pulse and heart beat are watched carefully during the procedure.

At the end of the procedure, the catheter and sheath are removed. The staff press on your neck or groin to stop the bleeding. This takes 10 to 15 minutes. You are watched in the recovery area for half an hour. You may eat and drink at this time.

Please discuss any worries you may have before you agree to the test.

C. RISKS OF THIS PROCEDURE

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

Common complications

- (a) Minor bleeding and bruising. The bruising will go away in a few days.
- (b) Abnormal heart beat lasting several seconds. This will settle by itself.

Rare

- (c) Infection. This is more common if Dr Allada decides to leave the catheter in place for many hours to days.
- (d) Allergic reaction to the local anaesthetic. This may require medication to fix.
- (e) Unable to get into the vein. The procedure may be changed to a different approach. For example, neck, arm or groin vein approach.
- (f) Abnormal heart rhythm that continues for a long time. This may need an electric shock to correct.
- (g) The artery (in the neck or groin) is accidentally punctured. This may require an operation to fix.

Very rare

- (h) Blood clot in the neck vein. This may need medication to fix.
- (i) Embolisation. A blood clot flying off the catheter. This is treated with blood thinning medication.
 - (j) Air in the lung cavity. A chest tube may need to be put in to drain the air out. This will mean a longer stay in hospital.
- (k) Damage to the vein in the neck. This may need an operation to fix.
- (l) Air embolism. Air getting into the heart. This is treated with oxygen and attempted removal of the air.
- (m) Perforation. A hole is made in the heart or the heart valve. There may be bleeding around the heart. **This requires an operation to fix.**
- (n) **Unable to position the balloon catheter into the lung vessels or around the heart.** The procedure would be cancelled if this occurred. This is more common if there are congenital malformations of the heart.

PROCEDURAL CONSENT FORM

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C. RISKS OF THIS PROCEDURE (CONTINUED)

Extremely rare complications

(o) Death

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.

E. PATIENT CONSENT

I acknowledge that:

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

Dr Allad 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 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.

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 the condition.

On the basis of the previous 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