PATIENT INFORMATION SHEET

RIGHT HEART CATHETER

What is 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.

Things to do before your test:

Dr Allada suggests you fast from midnight**.**

If you are on “warfarin” tablets please let Dr Allada know beforehand. You will need to be off warfarin beforehand, but this must be discussed with Dr Allada. Do not stop the warfarin on your own.

You can take your other medications as normal.

What happens during the test?

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 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 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 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 15minutes.

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.

What happens after the test?

The staff will watch you in the recovery area. You may eat and drink at this time. When your condition is satisfactory, you can go home. This is usually after 30 minutes.

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 the 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

(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 accidently punctured. This may require an operation to fix.

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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.

Extremely rare complications

(o) Death.

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 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 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 above statements,
I REQUEST TO HAVE THE PROCEDURE.

MY NOTES TO TALK TO DR ALLADA ABOUT
