

Informed Consent for Coronary Angiography

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition

The doctor has explained that I/my child/myhave the following medical condition:

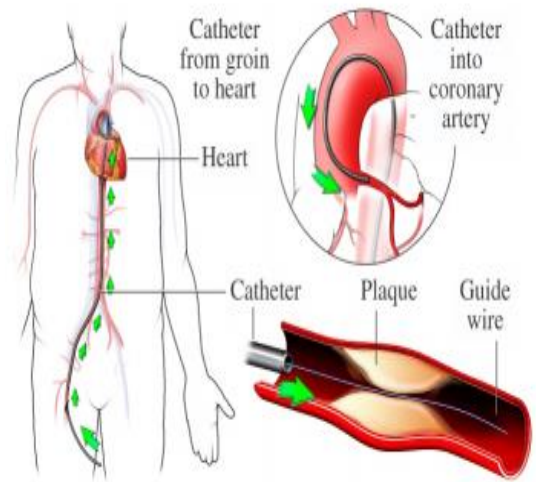
 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

 I authorise Dr. and his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

Introduction

A coronary angiography is performed to identify any narrowing or blockage of coronary arteries. After administering local anaesthetic, the doctor will insert a fine tube (catheter) into the artery in the groin/arm. The catheter will be carefully passed into each coronary artery. A contrast medium (X-ray dye) will be injected through the catheter into the main pumping chamber of the heart (left ventricle). And a series of pictures will be taken using the X-ray machine. This will help in measuring the size of the heart and how well it is functioning. You may also have an intravascular ultrasound (IVUS) which uses soundwaves to produce an image of the coronary arteries and to see their condition. This will be done while the catheter is in the artery. At the end of the procedure, the doctor may close the artery with a special plug to stop the bleeding.

If the doctor had used the femoral artery in the groin as an access point for the procedure, then you may have to rest in bed with the leg held straight for one to four hours. In such a case the doctor will decide and inform you about the further course of treatment.



Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Potential Benefits (To be documented by doctor)	Risks and Potential Complications (To be documented by doctor)	Patient Specific Risks (To be documented by doctor)	Alternatives (To be documented by doctor)
<ul style="list-style-type: none"> • To provide important information about the heart and its blood supply, which will allow you and your doctor to decide upon the best course of treatment. • Others, if any specify: 	<ul style="list-style-type: none"> • Bruising at the puncture site • Loss of pulse in the arm after a radial artery (arm) procedure • Abnormal heart rhythm • Surgical repair of the groin/arm puncture site or blood vessel • Alteration in kidney function due to the side effects of the contrast medium • Stroke which may cause disability • Cardiac malfunction including cardiac arrest • An allergic reaction to the contrast medium • Need for emergency heart surgery or angioplasty with or without stent • Higher lifetime risk of cancer from X-ray exposure • Death 	<ol style="list-style-type: none"> 1) 2) 3) 4) 5) 	<ul style="list-style-type: none"> • CT coronary angiogram in which the dye is injected into a small vein in your arm rather than an artery in your groin or wrist. It is less invasive. And is generally not as effective as coronary angiography at detecting areas that have narrowed in small coronary arteries or its small branches.

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	<ul style="list-style-type: none"> Others, if any specify: 		<ul style="list-style-type: none"> Others, if any specify:
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Specific Notes Related to Procedure (Strike out if not required)	Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)
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Patient's Authorisation

- The doctor has explained my/patient's medical condition and proposed treatment/procedure. I have been explained and have understood the intended benefits/risks known to be attached with the planned treatment/procedure including the risks that are specific to me/my patient and their likely outcomes.
- The doctor has explained other relevant/alternate treatment options and their associated benefits/risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
- I was able to ask questions and raise concerns with the doctor about the procedure and its benefits/risks and my/patient's treatment options. My queries and concerns have been discussed and answered to my full satisfaction.
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
- The doctor has explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above-named physician/surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants.
- I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.
- I understand that I have the right to refuse treatment before the procedure. I agree that any such refusal shall be in writing and acknowledged by the hospital and I shall be solely responsible for the outcome of such refusal.

- I consent to if any photographing or television of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However, suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. Yes No
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. Yes No

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

Declaration by the Doctor

I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.

Name and Signature of the Doctor with Reg No:	Date and Time:
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