

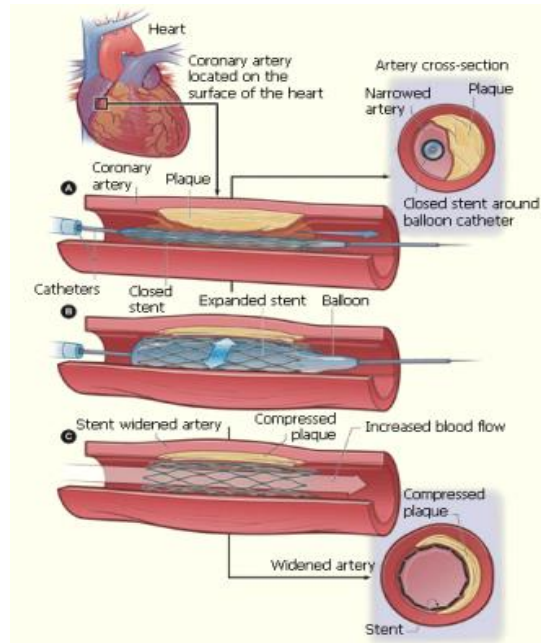
## Informed Consent for Coronary Angioplasty and Stenting

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/my .....have 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**

Angioplasty and stenting are treatments for narrowed or blocked blood vessels (arteries and veins). Angioplasty is a procedure to open a blood vessel by inflating a small balloon inside it. Stenting is the procedure in which a tube-shaped device (stent) is placed in the blood vessel to keep it open. A stent is a tube or spring coil which is passed into the affected part of an artery using a balloon. The balloon may or may not be coated with a medicine. After administering local anaesthesia, the doctor will put a fine tube (catheter) into the artery in the groin or arm. The tube will be carefully passed into the coronary arteries. A contrast medium (X-ray dye) will be injected through the catheter. And a series of pictures will be taken using the X-ray machine. If the doctor finds any narrowing or blockages, then the doctor will pass a tube (or a stent) with a tiny wire down the affected artery. A sausage shaped balloon will be passed through the stent into the part of the artery that is narrowed or blocked. The balloon will be blown with a fluid to open the artery. This will press against the plaque, pushing it out of the way. The doctor may place one or more stents in the artery to keep the artery open. After placing the stent, the doctor will remove the balloon. The stent will stay in situ for life. After the procedure, you will be given some drugs, which will reduce your risk of blood clotting and the stent blocking. At the end of the procedure, the doctor may close the entry site of the artery with a special plug to stop bleeding.



**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)	Alternatives (To be documented by doctor)
<ul style="list-style-type: none"> <li>▪ Relief of symptoms, such as chest discomfort or shortness of breath.</li> <li>▪ Restoration of blood supply to the heart muscle. This can reduce the chances of cardiac malfunction or further heart damage.</li> <li>▪ Faster recovery when compared to surgery. The procedure doesn't require a major cut or general anaesthesia.</li> <li>▪ Lower risk and cost when compared to surgery.</li> <li>▪ Others, if any specify:</li> </ul>	<ul style="list-style-type: none"> <li>▪ Medicines</li> <li>▪ Healthy lifestyle changes</li> <li>▪ Surgery to bypass blocked arteries</li> <li>▪ Others, if any specify:</li> </ul>

Risks and Potential Complications (To be documented by doctor)		
<ul style="list-style-type: none"> <li>▪ Bruising at the puncture site</li> <li>▪ The coronary artery can become narrowed or blocked again</li> </ul>	<ul style="list-style-type: none"> <li>▪ Alteration in kidney function due to the side effects of the contrast medium</li> <li>▪ A stroke which can cause disability.</li> </ul>	<p><b>Patient Specific Risks (To be documented by doctor)</b></p> <p>1)</p>

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|--|--|---|
| <ul style="list-style-type: none"> <li>▪ Loss of pulse in the arm after a radial artery (arm) procedure.</li> <li>▪ Abnormal heart rhythm that continues for a long time</li> <li>▪ Cardiac malfunction</li> <li>▪ Surgical repair of the groin/arm puncture site or blood vessel</li> <li>▪ The stent may suddenly close within the first month. This can cause angina or heart attack which may be treated with another angioplasty or with surgery</li> <li>▪ Need for emergency heart surgery due to complications</li> <li>▪ A reaction to the medications given to prevent blood clotting</li> <li>▪ Reaction to the contrast dye</li> </ul> | <ul style="list-style-type: none"> <li>▪ A higher lifetime risk of cancer from X-ray exposure</li> <li>▪ Rupture of a blood vessel requiring surgical repair</li> <li>▪ Skin injury from radiation, causing reddening of the skin</li> <li>▪ Death</li> <li>▪ Others, if any specify:</li> </ul> | <p>2)</p> <p>3)</p> <p>4)</p> <p>5)</p> |
|--|--|---|

### 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)

### 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).
- I understand that if organs or tissues are removed during the surgery that these may be retained for prescribed tests and shall be disposed of sensitively by the hospital as per the regulatory provisions.
- 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 surgery/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

Hospital Logo

Patient Identification Label

## Informed Consent for Coronary Angioplasty and Stenting

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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