

Informed Consent for Coronary Artery Bypass Graft (CABG)

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

Coronary artery disease is a condition caused by the build-up of a fatty substance called plaque in the coronary arteries (the arteries of your heart). This build-up irritates and scars the arteries. Over time they become narrowed or blocked. Coronary artery bypass graft (CABG) surgery is a treatment for coronary artery disease. A blood vessel from your leg, chest or arm will be used to create a new route (a bypass) around a blocked section of coronary artery. The surgery usually takes around four hours. The surgeon may create several bypasses in a single surgery depending on the number of blockages.

You will be administered general anaesthesia. Several tubes will be put into your body:

- A breathing tube will be put into your throat and will be connected to a machine (ventilator) that breathes for you.
- A Foley catheter will be used to empty your bladder.
- Chest tubes will be used to drain excess blood or other fluids after the surgery.
- A Swan-Ganz catheter will be put into your neck to measure your blood pressure and monitor your heart function.

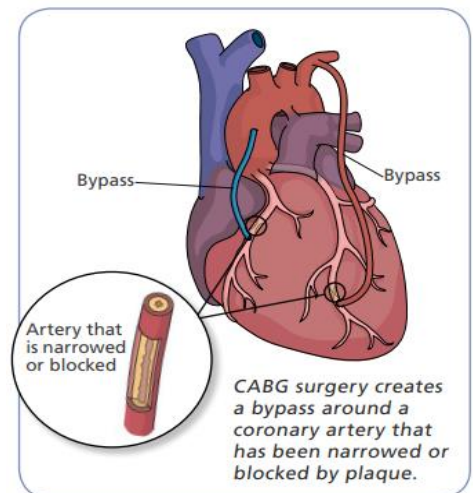
The surgeon will make an incision (cut) to reach your heart in one of two ways:

- In a traditional (open) surgery, the incision will be made down the middle of your chest. The surgeon will then separate your sternum (breastbone).
- In a minimally invasive surgery, a smaller incision will be made on the left side of your chest, between your ribs.

You will be connected to a heart-lung bypass machine, which takes over the work of your heart and lungs. In some cases, the surgery may be done without using the bypass machine.

A blood vessel from your leg, chest, or arm will be used to create a new route (a bypass) around a blocked section of coronary artery. For each bypass, a section of blood vessel will be connected to the aorta (a large artery coming from your heart) and to a point beyond the blockage in the coronary artery. Or, if the surgeon uses the internal mammary artery (a large artery in your chest), it will be redirected and attached to a point beyond the blockage.

The surgeon will close the incisions with stitches. If you have had the traditional surgery, then the surgeon will first close up the breastbone with stainless steel wires.



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.

Informed Consent for Coronary Artery Bypass Graft (CABG)

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)	Alternatives (To be documented by doctor)
<ul style="list-style-type: none"> • To restore blood flow to areas of the heart. • To provide relief from angina (chest discomfort). • To give you more energy. • To reduce the risk of a cardiac arrest. • Others, if any specify: 	<ul style="list-style-type: none"> • Problems that can happen with any surgery. For example: Surgical site pain, infection, bleeding, blood clots or reactions to general anaesthesia (including vomiting, trouble urinating, sore throat, cut lips, headache, heart problems, stroke or pneumonia). • Cardiac arrest during or after the surgery. • Memory or thinking problems after the surgery. • Low-grade fever. • Chest pain that can last up to 6 months after the surgery. • Blockage of the grafts in future requiring another surgery. • Heart rhythm problems. • Kidney or lung failure. • Stroke • Death • Others, if any specify: 	<p>Patient Specific Risks (To be documented by doctor):</p> <ol style="list-style-type: none"> 1) 2) 3) 4) 5) <ul style="list-style-type: none"> • Angioplasty • Waiting and watching, with medicine, lifestyle changes and regular tests to check the blood flow to your heart. • Others, if any specify:

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)

Informed Consent for Coronary Artery Bypass Graft (CABG)

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 procedure. I agree that any such refusal/withdrawal 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:
---	----------------