Consent form: cardiac catheterization

Cardiac catheterization is performed to image the blood vessels of the heart as well as the heart itself. The procedure is performed under local anesthetia in adults and general anesthesia in children. Under radiographic and fluoroscopic guidance, catheters are inserted into a peripheral artery and are advanced into the arteries supplying blood to the heart. Using special catheters contrast dye is then injected and/or intra-cardiac pressures are measured.

Therapeutic procedures can also be performed during cardiac catheterization to treat focal problems in the blood vessels or the heart itself using balloons or special instruments such as stents. If the diagnostic catheterization reveals a problem requiring immediate attention, a therapeutic intervention may be performed. Prior to undergoing the procedure the patient <u>must</u> inform the treating physician if he/she has any known kidney problems or allergy to iodine or contrast agents.

Patient name:

Family nameGiven nameFathers nameID #

I hereby attest that I have received a full and complete explanation from

Dr.______ on the necessity of a diagnostic and/or therapeutic catheterization including the possibility of treatment of the blood vessels or the heart using balloons or other instruments.

Additional procedures: _

(hereto "primary procedure")

I hereby attest that I have received a full and complete explanation on the expected outcomes and possible complications including local pain and discomfort in the area of catheter insertion as well as a sensation of heat upon injection of the contrast dye.

I have also received a full explanation of other possible complications including but not limited to acute occlusion of or damage to a blood vessel and development of an acute heart attack, stroke, damage to other blood vessels, bleeding and infection. In addition, I understand there may be complications from the injection of contrast dye including but not limited to allergic reactions of varying degrees, kidney failure and congestive heart failure which in very rare cases may even cause death.

I have received an explanation on other potential treatments for my condition including their expected outcomes and possible complications.

I hereby agree to the performance of the primary procedure.

In addition, I attest to and I agree that the possibility exists that during or shortly following the primary procedure unexpected, emergent, life-saving measures may need to be taken including those requiring general anesthesia. Such procedures may include additional therapeutic catheterization, coronary artery bypass surgery or other surgery requiring general anesthesia. I therefore agree to the performance of these additional measures during or shortly after the primary procedure including surgical procedures deemed essential by the treating physicians. I also agree to the use of local anesthesia after complications of such use including the possibility of allergic reactions have been explained to me. If the use of general anesthesia is deemed required I will receive a full explanation on its use and complications from the treating anesthesiologists.

I understand and agree that the primary procedure and subsequent procedures will be performed by the physician deemed responsible for the performance of such procedures in accordance with hospital guidelines and the law. I have received no assurance that the procedure will be performed, in whole or in part, by a specific physician.

Signature_____time _____date_____

Signature of legal guardian _____

Name of legal guardian_____(in case of minor, incapacitated or mentally incompetent)

I attest that I verbally explained in detailed fashion to the patient/legal guardian of the patient all that is written above and he/she signed the consent form in my presence after I was satisfied that he/she understood my explanation in full.

Name of physician _____

Signature of physician_____

Medical license #