



Republic of Turkey
Ministry of Health

REPUBLIC OF TURKEY
MINISTRY OF HEALTH
SANLIURFA PROVINCIAL HEALTH DIRECTORATE
Şanlıurfa Education and Research Hospital
INFORMED CONSENT FORM FOR CARDIAC CATHETERIZATION and CORONARY ANGIOGRAM

Doküman Kodu: HD.RB.422

Yayın Tarihi: 17.07.2018

Revizyon Tarihi:-

Revizyon No:00

Patient Name-Surname:

Sex: F M

Patient No:

Date of Birth:

Father's Name:

ID Card No:

Dear Patient / Guardian,

Additional test(s) are needed for clarifying your pre-diagnosis/diagnosis and your doctor's assessment. This form is prepared to inform you about the procedure of the test(s) and the potential risks that may arise. Please sign this informed consent form after reading it fully and carefully and all your hesitations are resolved by your doctor.

1. PRE-DIAGNOSIS:.....

GENERAL INFORMATION FOR ABOUT YOUR TEST:

Cardiac catheterization is used to investigate the structure and function of the heart. Coronary angiogram is used to investigate for any narrowing of the coronary arteries (arteries that supply blood to heart muscle). Both procedures are performed with the use of X-ray. Apart from exceptional cases, both procedures can be performed together.

2. SUGGESTED TEST(S): Cardiac Catheterization and Coronary Angiogram

3. MEDICATION WILL BE: Used Not used

4. ANAESTHESIA WILL BE: Used Not used

Patient has been informed that anaesthesia is going to be applied for the required intervention and he/she has to consent this application.

5. METHOD:

Importance of Procedure

This is an invasive procedure. Cardiac catheterization can provide in-depth and specific information of various cardiac diseases. Coronary angiogram can provide a clear picture of the severity and location of narrowing in the coronary arteries. These can help doctor formulate the plan of management. In emergency situation caused by acute coronary syndrome (heart attack), the procedure is important in diagnosis.

It is also a step stone to coronary intervention which serves to open up the artery and improve the heart function. This approach, despite its invasiveness, can be life-saving and the consequence can be detrimental if it is delayed. Even though there exists other alternative investigative tools, the information they provide are indirect and less specific. (Please ask your doctor for details)

The Procedure

This procedure is performed under local anesthesia in a cardiac catheterization centre. You are awake during the procedure, but we may give you sedation to calm you down.



- Electrodes are adhered to the chest to monitor the heart rate and rhythm. Blood oxygen monitor through your finger tip will be set up. Measurement of blood pressure from your arm will be taken during the examination.
- A small wound is made over the groin, wrist or neck for access to arteries or veins.
- Catheters are advanced to the heart under X-ray guidance.
- Pressures within the heart are measured. Blood samples are drawn from various heart chambers to determine their oxygen saturation.
- Contrast is injected and films are taken.
- During the procedure, you may be asked to hold your breath or cough. You may experience a hot flush feeling when contrast is injected.

Simultaneous Coronary Intervention

When indicated, percutaneous coronary intervention (PCI) can be performed at the same setting of cardiac catheterization and coronary angiogram. You will be informed of this possible arrangement before the procedure. Please see the information leaflet on PCI. If you agree, you also need to sign the informed consent on PCI. Matters concerning the charges of PCI have to be arranged before the procedure.

6. RISKS OF THE SUGGESTED TEST(S):

Risk and Complication

Common Risks and Complications

- The procedure carries certain risks. Minor complications include allergic contrast reaction, nausea, and groin complications.

Uncommon Risks with Severe Consequences

- Total major complications account for 1.7%. These include death (0.1%), heart attack (0.05%), stroke (0.07%), perforation of heart chamber (0.03%), aortic dissection and severe bleeding. Other major complications include arrhythmias, vascular complications, anaphylactic reaction to contrast and hemodynamic complications.

Remarks

- It is hard to mention all the possible consequences if this procedure is refused.
- The list of complications is not exhaustive and other unforeseen complications may occasionally occur. The risk quoted is in general terms. In special patient group (e.g. diabetics), the actual risk may be higher.
- Should a complication occur, another life-saving procedure or treatment may be required immediately.
- If there is further query concerning this procedure, please feel free to contact your nurse or your doctor.



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7. POINTS PATIENT SHOULD BE DOING/BEWARE OF DURING AND AFTER THE TEST(S):

Before the Procedure

- You will be invited to a ward or a clinic for some preliminary tests including electrocardiogram, and blood tests. We will also check your allergy history. These can be performed days before the procedure or on the day of admission.
- Our medical staff will explain to you and your relatives the details of the procedure together with the possible risks and complications. This information leaflet will be provided. You have to sign an informed consent.
- Blood thinning drug (warfarin) or diabetic drug (metformin) may have to be stopped several days before the procedure. Special anti-platelet drug should be taken if PCI is also planned. Steroid will be given if there is history of allergy.
- Fasting of 4-6 hours is required prior to the procedure. An intravenous drip may be set up. Shaving may be required over the puncture site.
- If you are a female, please provide your last menstrual period (LMP) and avoid pregnancy before the procedure as this procedure involves exposure to radiation.

After the Procedure

- After the procedure, catheters will be removed. The wound site will be compressed to stop bleeding. Sometimes special devices are used to stop bleeding
- Nursing staff will check your blood pressure, pulse and wound regularly.
- Bed rest may be necessary for few hours. In particular, please do not move or bend the affected limb. If your wound is over the groin, please apply pressure with your hand over the wound when you cough or sneeze so as to prevent re-bleeding.
- You should inform your nurse if you find blood oozing from the wound site.

Follow Up

- Usually you can be discharged on the same day or one day after the procedure.
- The wound will be inspected and covered with light dressing. Please keep the wound site clean and change dressing if wet. In general, shower is allowed after 1-2 days.
- Please avoid vigorous activities (household or exercise) in the first few days after the procedure. Bruising around the wound site is common and usually subsides 2-3 weeks later. If you notice any signs of infection, increase in swelling or pain over the wound, please come back to the hospital or visit a nearby Accident and Emergency Department immediately.
- Usually your doctor has explained to you the results of the procedure before discharge. Should you have further questions, you and your close relatives can discuss with your doctor during subsequent follow-up.



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EXTENT AND CONSENT OF THE SUGGESTED TEST(S):

- ✓ I have been informed orally about the details of the suggested test(s) by my doctor, I have read the information prepared for the procedures. I have been answered sufficiently where I required explanation.
- ✓ I consent all interventions done in emergency and unexpected situations.
- ✓ I have been informed about approximate cost of the test(s).

I, have understood the content of this form.
I consciously accept the test(s) that will be done to me at Near East University Hospital.

Signature:

Date:

Hour:

In case signed by Legal Guardian;

How is the Legal Guardian related to the Patient:

- Patient is unconscious Patient is younger than 18 years Patient is not authorized to make decision
 Emergency

Witness (Not a hospital staff, if present);

Name-Surname:

Signature:

Date:

Time:

Informing Doctor;

Name-Surname:

Signature:

Date:

Time:

Translator (If needed);

Name-Surname:

Signature:

Date:

Time:

- Patients older than 18 years by themselves,
- Patients between 15-18 years both by themselves and by their Legal Guardian,
- Unconscious Patients, Patients younger than 15 years, Patients that are not authorized to make decision and at Medical Emergencies by their Legal Guardian.

“SHOULD CONSENT AND SIGN THIS FORM”