

Percutaneous Aortic Balloon Valvuloplasty

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Interpreter / cultural needs

- An Interpreter Service is required? Yes No
 If Yes, is a qualified Interpreter present? Yes No
 A Cultural Support Person is required? Yes No
 If Yes, is a Cultural Support Person present? Yes No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....

.....

This condition requires the following procedure.
(Doctor to document - include site and/or side where relevant to the procedure)

.....

.....

The procedure may also involve the following: *(Please tick)*

- Angiogram** - After an injection of local anaesthetic, a fine tube (catheter) is put into the artery in the groin/arm. The tube is passed into each coronary artery. A series of video pictures are taken using x-rays and a contrast medium (x-ray dye). The contrast medium may be injected into the main pumping chamber of the heart (left ventricle). This is to measure the size of the heart and how well it is pumping.
- Right Heart Catheter** – a soft balloon ‘pressure catheter’ is put into the vein in your groin. It is passed along until it reaches the heart and then goes up into the blood vessels of the lungs. Pressures in the lungs and heart are recorded.
- Echocardiogram** – this can be either via the oesophagus (food pipe) or via the catheter in the artery.

The procedure will involve an:

- **Aortic Valvuloplasty** - A wire is passed along the blood vessel, up to the heart, until it gets to the aortic valve. The doctor uses x-ray imaging to see the wire.
 Once the wire is in place, a balloon is passed along the wire and into the damaged valve. The balloon is pumped up where the valve is narrowed. This widens the valve, as far as possible. The balloon may be pumped up several times.
 At the end of the procedure the wire and balloon are removed.

C. Risks of a percutaneous aortic balloon valvuloplasty

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead. This is a very complicated assessment.

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%) include:

- Minor bruising at the puncture site.
- Abnormal heartbeat lasting several seconds, which settles by itself.
- Major bruising or swelling at the groin/arm puncture site.
- A stroke. This can cause long term disability.
- Death is possible following the procedure or due to the underlying heart condition.

Uncommon risks and complications (1- 5%) include:

- Abnormal heart rhythm that continues for a long time. This may need an electric shock to correct.
- Embolism. A blood clot may form and break off from the catheter. This is treated with blood thinning medication.
- The valve may leak or can be damaged.

Rare risks and complications (less than 1%) include:

- Surgical repair of the groin/arm puncture site or blood vessel.
- Heart attack.
- Loss of kidney function due to the side effects of the x-ray dye.
- Infection. This will need antibiotics.
- An allergic reaction to the x-ray dye.
- A higher lifetime risk from x-ray exposure.
- A hole is accidentally made in the heart or heart valve. This will need surgery to repair.
- Damage to the nerve in the leg.
- Emergency heart surgery due to complications with this procedure.
- Skin injury from radiation, causing reddening of the skin.



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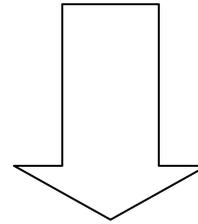
Sex: M F I

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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- This consent document continues on page 3 -



E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

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G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

Local Anaesthetic & Sedation for Your Procedure

Percutaneous Aortic Balloon Valvuloplasty

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

I request to have the procedure

Name of Patient:.....

Signature:.....

Date:.....

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD:

No ▶ Name of Substitute Decision Maker/s:

Signature:

Relationship to patient:

Date:..... PH No:.....

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent.

H. Doctor/delegate statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:

Designation:

Signature:

Date:.....

I. Interpreter's statement

I have given a sight translation in

.....
(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:

Signature:

Date:.....

1. What is aortic stenosis?

Aortic stenosis can be a problem as you get older. The aortic valve is an important heart valve. It controls the amount of blood that leaves the heart to be pumped around the body.

It allows the blood to flow in one direction from the heart to the rest of the body. Sometimes the valve becomes narrow because of disease. This is called aortic stenosis.

The blood is no longer able to escape freely from the heart and supply the body. If you have this problem, you may get chest pain, fainting or shortness of breath (feeling puffed).

2. What is a percutaneous aortic balloon valvuloplasty?

A valvuloplasty is a procedure where the valve is widened using a balloon. This will allow the blood to flow more easily. The procedure may also involve the following:

- Angiogram to show any narrowing or blockage in your coronary arteries.
- Right Heart Catheter to measure pressures in the heart.
- Echocardiogram is an ultrasound of the heart. This can be either intracardiac or oesophageal.

A needle with a tube connected to it will be put in your arm. This is called an intravenous line or IV.

Angiogram - After an injection of local anaesthetic, a fine tube (catheter) is put in the artery into the groin/arm. The tube is passed into each coronary artery. A series of video pictures are taken using x-rays and a contrast medium (x-ray dye). Contrast medium may be injected into the main pumping chamber of the heart (left ventricle). This is to measure the size of the heart and how well it is pumping.

Right Heart Catheter – a soft balloon ‘pressure catheter’ is put into the vein in your groin. It is passed up until it reaches the heart and then goes into the blood vessels of the lungs. Pressure in the lungs and heart are recorded.

Echocardiogram – an ultrasound which uses soundwaves to form a picture of the heart. This can be either via the oesophagus (food pipe) or via the catheter already in the artery.

Aortic Valvuloplasty - A wire is passed along the blood vessel, up to the heart, until it gets to the aortic valve. The doctor uses x-ray imaging to see the wire. Once the wire is in place, a balloon is passed along the wire and into the damaged valve.

The balloon is pumped up where the valve is narrowed. This widens the valve, as far as possible. The balloon may be pumped up several times.

At the end of the procedure the wire and balloon are removed.

The flaps (leaflets) of the valve are usually very badly damaged by disease. The balloon is not able to get rid of all the narrowing. The balloon only provides some short-term relief.

This procedure is only done to relieve your problems caused by your valve disease. It is not a long-term cure.

- This **temporary** repair lasts about 6 to 12 months. It is likely your problems will return within 1 to 3 years.
- Depending on your illness, a repeat balloon procedure may be needed.
- You only have this procedure if you are not suitable for heart surgery.

3. My anaesthetic

This procedure will require an anaesthetic.

See **Local Anaesthetic and Sedation for Your Procedure information sheet** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

4. What are the risks of this specific procedure?

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead. This is a very complicated assessment.

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks & complications (> 5%) include:

- Minor bruising at the puncture site.
- Abnormal heartbeat lasting several seconds, which settles by itself.
- Major bruising or swelling at the groin/arm puncture site.
- A stroke. This can cause long term disability.
- Death is possible following the procedure or due to the underlying heart condition.

Uncommon risks & complications (1- 5%) include:

- Abnormal heart rhythm that continues for a long time. This may need an electric shock to correct.
- Embolism. A blood clot may form and break off from the catheter. This is treated with blood thinning medication.
- The valve may leak or can be damaged.

Rare risks & complications (< 1%) include:

- Surgical repair of the groin/arm puncture site or blood vessel.
- Heart attack.
- Loss of kidney function due to the side effects of the x-ray dye.
- Infection. This will need antibiotics.
- An allergic reaction to the x-ray dye.
- A higher lifetime risk from x-ray exposure.
- A hole is accidentally made in the heart or heart valve. This will need surgery to repair.
- Damage to the nerve in the leg.
- Emergency heart surgery due to complications with this procedure.
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