

# ***Dr R J Routier***

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## **Patient agreement after informed consent to investigation, diagnostic procedure and/or treatment, and operation.**

This form is not meant to frighten you, but rather to inform you that any procedure, test or operation carries certain accepted risks and complications. The benefit for doing this procedure, test or operation, far outweigh the risks, and the chances of these complications are very small but need to be explained to you. You have the right to be informed and are obliged to attempt to understand and accept your role in making decisions about your health and are encouraged to ask questions.

Patient full names: \_\_\_\_\_

Date of birth: \_\_\_\_\_

ID Number: \_\_\_\_\_

### **Name and details of proposed procedure/investigation:**

1. Coronary angiogram and left ventriculogram
2. Coronary angioplasty with or without coronary stent
3. Permanent pacemaker implantation
4. Endomyocardial biopsy
5. Reveal implantation
6. TEE
7. Cardioversion

**Type of anaesthesia: *Local***

### **Complications and risks:**

*Not all possible risks are listed, only those that are well recognized and are judged serious: Allergic or other reaction to medication given; reaction to anaesthetic agent; reaction to intra-arterial X-ray contrast agent and damage to heart or blood vessels during physical performance of the procedure.*

*More frequent, but minor complications: Bruising at the puncture site; pain and discomfort at the puncture site; headache; nausea & vomiting and chest pain.*

*Significant, but infrequent risks may include: blood loss; bleeding; arterial embolization; damage to the arteries; heart attack; infection; kidney failure; low blood pressure & heart rhythm disturbances; re-narrowing of vessel worked on and acute closure of a stent or angioplasty vessel.*

*Very low chance but possible complications: death; temporary or permanent disability; pseudoaneurysm; cardiac arrest; stroke; air embolism and pressure ulcers.*

**Initial and date:** \_\_\_\_\_

2/...

**Name and person conducting consent discussion: Dr. R.J. Routier**

1. I have explained what the procedure is likely to involve, the benefits & risks and alternative therapies.
2. I have explained the procedure to this patient and explained the intended benefits, frequently occurring risks and any further procedures that may be required consequence of this investigation or procedure.
3. I have explained that additional procedures *may* be required as a consequence of this procedure or test, or the disease itself, and this may involve additional costs. It may require administration of drugs, further hospitalisation, and emergency administration of blood products, further laboratory tests and involvement of other doctors, anaesthetist or radiologist.
4. I have provided an opportunity for the patient to read further about the procedure and discuss it with family members where required.
5. The patient has had an opportunity to express the concerns and questions listed below and these have been answered to the best of my ability.

**Statement by patient (or family member if patient is incapacitated)**

1. I have had the disease process, risks and benefits of testing and procedures explained to me and accept the plan of treatment and testing as described.
2. I understand that the test, procedure or operation carries an acceptable risk of unforeseen complications which may require further investigation, tests, procedures or costs.
3. I understand that any additional procedures above those outlined in this form *will only be carried out if it is necessary to prevent serious harm to my health or if it is necessary to save my life.*
4. I authorise my doctor and his chosen colleagues or assistants to perform the test, procedure or operation to the best of his or their professional ability.
5. *In the event of accidental blood contamination* of healthcare personnel, I agree that my blood may be drawn for testing for the Human Immunodeficiency Virus or Hepatitis.
6. I have *fully* informed my doctor of any known allergies and pre-existing medical conditions that may influence my health and the testing or procedure.
7. I understand that as part of my on-going treatment and to reduce long term risks, I may be required to take medication on a regular or chronic basis.
8. I understand that I may at any time withdraw consent and vouch that this consent was given without pressure from any other person.
9. I understand that no warranties or guarantee has been made to me as the result of my test, procedure or operation or cure of my condition.
10. I have listed below, any procedure or tests that I do not want carried out.
11. I *do not mind* receiving / I *refuse* to receive blood products if they are needed.

**Initial and date:** \_\_\_\_\_

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**List of requests:**

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**List of questions:**

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**Allergies:**

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**Patient Name:** \_\_\_\_\_ (print)

**Patient signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Witness or family member:** (Only if patient is incapacitated, a minor or interpreter used)

**Name:** \_\_\_\_\_ (print)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Place:** \_\_\_\_\_