

# Coronary Angiogram

URN:  
Family Name:  
Given Names:  
Address:

Facility: .....

Date of Birth:

Sex:  M  F

## A. INTERPRETER

An Interpreter Service is required? Yes No

## B. CONDITION AND TREATMENT

The doctor has explained that you have the following condition:

.....

This condition requires the following procedure.

.....  
The following will be performed:

After an injection of local anaesthetic, a fine tube (catheter) is put into the artery in the groin. The tube is carefully passed into each coronary artery. A series of pictures are taken using x-rays and a contrast medium (x-ray dye).

The contrast medium is 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.

At the end of the procedure the artery may be closed with a special plug to stop the bleeding. Your Cardiologist will discuss this with you.

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. The risks are higher if you have had previous bypass surgery.

## C. RISKS OF A CORONARY ANGIOGRAM

The risks/complications of this procedure are;

**Common risks (more than 5%)** include;

- Minor bruising at the puncture site.
- Major bruising or swelling at the groin puncture site.

**Rare risks (less than 1%)** include;

- Abnormal heart rhythm that continues for a long time. This may need an electric shock to correct.
- Surgical repair of the groin/arm puncture site or blood vessel.
- Minor reaction to the x-ray dye such as hives.
- Loss of kidney function due to the side effects of the x-ray dye.
- A stroke. This can cause long term disability.
- Heart attack.
- An allergic reaction to the x-ray dye.
- Need for emergency heart surgery or angioplasty.
- A higher lifetime risk from x-ray exposure.
- Death as a result of this procedure is rare.

## D. SIGNIFICANT RISKS AND TREATMENT OPTIONS

## E. RISKS OF NOT HAVING A CORONARY ANGIOGRAM

## F. ANAESTHETIC

This procedure may require an anaesthetic.

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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 accordingly.
- If I am a public patient a doctor other than the Cardiologist may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheets;

**Local Anaesthetic and Sedation for your procedure**

**Coronary Angiogram**

- 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 before the procedure, including after I have signed this form but, preferably following a discussion with my doctor.

On the basis of the above statements,

## I REQUEST TO HAVE THE CORONARY ANGIOGRAM

Name of Patient/  
Substitute decision  
maker and relationship : .....

Signature : .....

Date: .....

Substitute Decision-Maker: Under the Powers of Attorney Act 1998 and/or the Guardianship and Administration Act 2000. If the patient is an adult and unable to give consent, an authorised decision-maker must give consent on the patient's behalf.

## H. DOCTOR'S STATEMENT

I acknowledge that 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: .....

Designation : Cardiologist

Signature : .....

Date : .....

## I. INTERPRETER'S STATEMENT

I have given a sight translation in

.....  
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 : .....

# Consent Information - Patient Copy

## Coronary Angiogram

### 1. WHAT IS A CORONARY ANGIOGRAM?

This procedure is performed to show any narrowing or blockage of your coronary arteries.

You will have the following procedure:

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

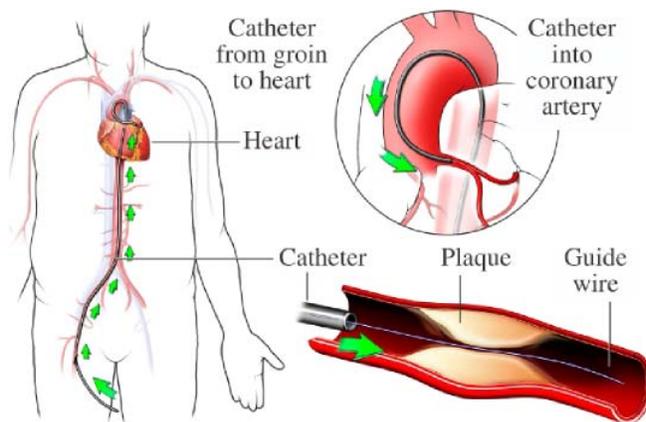
After an injection of local anaesthetic, a fine tube (catheter) is put into the artery in the groin. The tube is carefully passed into each coronary artery. A series of pictures are taken using x-rays and a contrast medium (x-ray dye).

The contrast medium is 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.

You may also have an Intravascular Ultrasound (IVUS) which uses soundwaves to produce an image of the coronary arteries and to see their condition. This is done while the catheter is in the artery.

At the end of the procedure the artery may be closed with a special plug to stop the bleeding. Your Cardiologist will discuss this with you.

The doctor can then tell you which treatment is best for you. This may be a procedure called an Angioplasty (the arteries are widened using a small sausage - shaped balloon) or an operation such as a Coronary Artery Bypass Graft. Sometimes, medications alone may be a suitable option.



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### 2. 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, talk these over with your doctor.

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

### 3. 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. The risks are higher if you have had previous bypass surgery.

The risks/complications of this procedure are;

**Common risks (more than 5%)** include;

- Minor bruising at the puncture site.
- Major bruising or swelling at the groin/arm puncture site.

**Rare risks (less than 1%)** include;

- Abnormal heart rhythm that continues for a long time. This may need an electric shock to correct.
- Surgical repair of the groin/arm puncture site or blood vessel.
- Minor reaction to the x-ray dye such as hives.
- Loss of kidney function due to the side effects of the x-ray dye.
- A stroke. This can cause long term disability.
- Heart attack.
- An allergic reaction to the x-ray dye.
- Need for emergency heart surgery or angioplasty.
- A higher lifetime risk from x-ray exposure.
- Death as a result of this procedure is rare.

### NOTES TO TALK TO MY DOCTOR ABOUT