Canberra heart clinic

Atrial Fibrillation (AF) Ablation

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)*

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.....

The following will be performed:

You will have an injection of local anaesthetic in the groin. A special catheter is passed through the vein in the groin up into your heart. The doctors can see the catheter using x-rays.

The catheter records electrical signals from the heart. This allows the doctor to work out what abnormal heart beats you have.

Ablation delivers electrical energy to the inside of the heart to change abnormal tissues. The heat energy cuts off the abnormal pathways and may prevent abnormal heartbeats.

50-70% of these procedures are successful.

30-50% may need to have this procedure again.

C. Risks of an atrial fibrillation (AF) ablation

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.

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

- Develop other arrhythmia.
- A hole is accidentally made in the heart or heart valve. This will need surgery to repair.
- Chest pain.
- Major bruising or swelling at the groin puncture site. This (rarely) may need surgery.
- A stroke. This may cause long term disability.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Skin injury from radiation. This may cause reddening of the skin.
- A higher lifetime risk from exposure to radiation.
- Pericarditis. This is an inflammation of the heart sack that can cause chest pain for some weeks after the procedure.

Rare risks (less than 1%) include;

- Narrowing of the veins from the lungs to the heart. This can be serious, causing breathlessness and may require further procedures.
- Heart attack.
- Damage to the phrenic nerve that controls the diaphragm (breathing muscle).
- Atrial Oesophageal fistula. A hole forms between the gullet and heart. This can cause vomiting of blood and a stroke. This may be life threatening.
- Death as a result of this procedure is rare.

D. Significant risks and procedure options

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

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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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PROCEDURAL CONSENT FORM

Continues over page ►►►

Canberra heart clinic

Atrial Fibrillation (AF) Ablation

Facility: .....

(Affix identification label here)

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Family name:

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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 and Sedation for Your Procedure**

☐ **Atrial Fibrillation (AF) Ablation**

- 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: .....

Consent Information - Patient Copy
Atrial Fibrillation Ablation

1. What is an atrial fibrillation (AF) ablation?

This procedure is used to treat some abnormal heartbeats. An extra electrical circuit in the heart usually causes the abnormal heartbeat.

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

You will have an injection of local anaesthetic into the groin. A number of very small cuts are made in the skin. A special catheter is passed up through the vein in the groin into your heart. The doctors can see the catheter using x-rays.

The catheters record electrical signals from the heart. This allows the doctor to work out what abnormal heart beats you have. This part of the procedure is called an Electrophysiology Study (EPS).

Ablation delivers electrical energy to the inside of the heart to change abnormal tissues. The heat energy cuts off the abnormal pathways and may prevent abnormal heartbeats.

A mild burning feeling may be felt in the chest when the abnormal pathway is being cut off. This is the 'ablation'. The burning feeling will lessen when the ablation stops.

50-70% of these procedures are successful.

30-50% may need to have this procedure again.

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, discuss these 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.

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.

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

- Develop other arrhythmia.
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- Heart attack.
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- Death as a result of this procedure is rare.

Notes to talk to my doctor about: