



# Alcohol Septal 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)*

.....

The following will be performed:

You will be given an injection of local anaesthetic into your groin. A catheter (tube) will be passed into the artery and vein in your groin. A wire and balloon catheter will be passed through the tube and moved up into the blood vessels around your heart.

A dye test of the heart will be done to look at the blood flow of the heart. The doctor will then advance the catheter with the balloon along the artery until the area where the alcohol is going to be injected is reached. The balloon is inflated then the alcohol is injected. The balloon is left in place for 5 minutes then deflated.

Another dye test is done to check the artery where the alcohol was injected.

When the alcohol injures the heart muscle, it causes a small heart attack. It may also injure the heart's electrical system. This may cause your heart to beat too slowly. To prevent this, a temporary pacemaker wire is inserted into your heart through the vein in your groin. This will stay in place for about 24hrs.

## C. Risks of an alcohol septal 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.
- Chest pain.
- Irregular heartbeat that usually settles by itself.

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

- Abnormally slow heartbeat that persists. This will require a permanent Pacemaker.
- Bleeding could occur and may require a blood transfusion. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel, Prasugrel, Ticagrelor, Rivaroxaban, Apixaban, Dabigatran or Dipyridamole.
- An allergic reaction to the x-ray dye.
- Loss of kidney function due to the side effects of the x-ray dye.
- A hole is accidentally made in the heart or heart valve. This will need surgery to repair.

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

- Infection can occur, requiring antibiotics and further treatment
- Embolism. A blood clot may form and break off from the catheter. This is treated with blood thinning medication.
- Heart attack or stroke could occur due to the strain on the heart.
- Ventricular Septal defect. This will require repair.
- 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



# Alcohol Septal Ablation

Facility: .....

(Affix identification label here)

URN: .....

Family name: .....

Given name(s): .....

Address: .....

Date of birth: .....

Sex:  M  F  I

## 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**
- Alcohol Septal Ablation**
- Blood & Blood Products Transfusion**

- 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: .....

