



Patient identification label

Coronary Angioplasty Consent (PTCA)

Percutaneous Transluminal Coronary Angioplasty (P.T.C.A.) involves the dilatation of a narrowed portion of a coronary artery by insertion of a small balloon catheter via a peripheral artery (usually the femoral or brachial artery).

You will be given a sedative prior to the procedure and the Doctor will inject local anaesthetic into the skin in the groin area (or occasionally in the arm). Once the skin has been anaesthetised a tube is placed in the artery and sometimes the vein. A guide catheter is passed into the coronary artery and passed through the narrowed segment into the distal vessel. A balloon is positioned across the narrowed lesion by tracking over the guidewire. The balloon is inflated to dilate the narrowing. At the same time a stent may be placed to support the coronary artery. This procedure alleviates the narrowing and restores blood flow to the area of the heart previously deprived by the narrowed or occluded artery.

An Iodine based radiographic dye (contrast) is injected into the arteries and / or heart and X-ray pictures are taken. It is imperative that you inform the Nursing and Medical staff if you have had any previous allergic reaction to dye / contrast.

In the majority of cases Coronary Angioplasty is safe and well tolerated but there are certain risks about which you will need to be informed of. There is a moderate risk of bruising around the puncture site and / or bleeding from the hole in the artery / vein. This risk is increased if you are overweight, have high blood pressure or you have been taking Warfarin and / or anticoagulants. There is a 1 in 200 chance of the procedure damaging the coronary artery requiring emergency Coronary Artery Bypass Surgery. Emergency surgery is available at the Prince of Wales Hospital. When the balloon is inflated you may expect some chest pain during the procedure but the risk of a significant heart attack is minor (1 in 100 chance). There is a small risk of infection (1 in 1000 chance). There is a small risk of a major complication including stroke and death.

These procedural risks will vary between individuals and depend on pre-existing risk factors and medical conditions so please discuss these issues with your Doctor if you are concerned. Your Cardiologist believes that the benefit of the procedure outweighs the risks outlined.

For this procedure we may have supplier representatives to assist during the procedure.

CONSENT

I have read the above information and had the opportunity to ask questions and I am happy with the response. I hereby give my consent to undergo Coronary Angioplasty +/- stent implantation and Coronary Artery Bypass Surgery.

Patient / Guardian: _____ Signature _____ Print Name _____ /_____/_____
Date
Doctor: _____ Signature _____ Print Name _____
Interpreter: _____ Signature _____ Print Name _____

FURTHER PATIENT DECLARATION

I have received a copy of the "Outcome Data Information Sheet" and I have read and understood my Rights and Responsibilities.

Patient / Guardian: _____ Signature _____ Print Name _____ /_____/_____
Date