



Patient identification label

ELECTROPHYSIOLOGY STUDY (EPS) CONSENT

PLEASE READ THE FOLLOWING INFORMATION

An Electrophysiology Study (E.P.S.) is a procedure used to evaluate the electrical conduction system of the heart. You have been referred for an EPS because you may be experiencing abnormal electrical impulses through your heart, it may be beating too fast or too slow or irregularly. The aim of an EPS is to analyse the cause of the abnormal heart rhythm that you may be experiencing and guide any further treatment options that your Doctor may recommend for you.

EPS may be undertaken using either light sedation or an anaesthetic, you will be advised of this by your Doctor. You will be given local anaesthetic to numb the area where the tubes for the procedure will be placed. Once the area is numb the Doctor will insert some small tubes in your groin and pass specialised electrophysiology catheters through the tubes and into specific locations in the heart. Occasionally these tubes may need to be placed in your arm, your Doctor will advise you if this is necessary. The specialised catheters are placed so that your Doctor can record specific information about the electrical conduction system of your heart by stimulating it in different ways.

There are certain risks about this procedure, of which you will need to be informed. There is a (1 in 5000) chance of death, heart attack or stroke. A (1-2 in 100) chance of bleeding, infection, thrombosis and nerve or vessel damage. There is a moderate risk that an electrical charge (cardioversion) will be required to correct an abnormal heart rhythm.

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 present 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 an Electrophysiology Study (EPS).

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