



Patient identification label

**BALLOON AORTIC VALVULOPLASTY CONSENT (Mitral, Tricuspid, Pulmonary)**

**Please read the following information**

A balloon valvuloplasty is performed when a valve of the heart becomes rigid and narrowed preventing normal valve function. This requires insertion of a balloon across the valve to increase its opening capacity and improve its function. You will be provided with further detailed information on your admission to the Eastern Heart Clinic.

You may be given sedation prior to the procedure and the Doctor will inject local anaesthetic into the skin in the groin area. Once the skin has been anaesthetised small tubes are inserted into the artery and the vein.

A balloon is inserted over a guidewire across the narrowed valve. When this balloon is inflated it splits the valve leaflets. You may feel light-headed for a brief period at this stage. Pressure measurements are taken before and after treatment to assess the degree of residual valve narrowing across the valve and to determine the success of the procedure.

In the majority of cases balloon valvuloplasty is relatively simple and free of complications but there are certain risks that you will need to be informed of. There is a moderate risk of bruising around the groin puncture site and/or bleeding from the hole in the artery/vein. There is also a moderate risk of developing an irregular rhythm that requires no special treatment. There is a 1 in 200 chance of developing a very large bruise (haematoma), needing treatment to a leaking artery (false aneurysm) or blood transfusion. There is a 1 in 20 chance that the procedure will over-expand the valve and cause a leak. This may require an operation but is not necessarily an emergency. Death, heart attack and stroke are extremely rare complications.

These procedural risks will vary between individuals and depend upon pre-existing risk factors and medical conditions – please discuss these issues with your Doctor if you are concerned. Your Cardiologist believes that the benefits of the procedure outweigh 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 balloon valvuloplasty.

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