



Patient identification label

TRANSOESOPHAGEAL ECHO (T.O.E.) AND ELECTIVE CARIOVERSION CONSENT

PLEASE READ THE FOLLOWING INFORMATION

Your doctor has recommended that you undergo a transoesophageal echo (T.O.E.) and a DC cardioversion because of your heart's irregular rhythm. A T.O.E. is a test that allows your doctor to look closely at the inside of your heart using ultrasound. The purpose of the T.O.E. is to ensure that there are no clots in your heart which might cause a stroke and that it is safe to proceed with the DC cardioversion. The risk of stroke using this approach is reduced to less than (1 in 1000) chance.

You will be given sedation to help you relax prior to the T.O.E. and you will receive local anaesthetic spray to the back of your throat. An ultrasound probe (tube) is passed into the food pipe (oesophagus) so that your doctor can visualise the chambers of your heart. A T.O.E. is a relatively simple procedure with a rare risk (1 in 5000 chance) of oesophageal perforation.

DC cardioversion is the delivery of a precisely timed electrical shock to the heart in order to revert your heart back into normal rhythm. You will be given a short acting general anaesthetic.

In the majority of cases DC cardioversion is a relatively simple procedure, free of complications but there are certain risks that you need to be informed of these include awareness of the procedure (1 in 100 chance), anaphylaxis (a 1 in 5000 chance) and aspiration pneumonia (1 in 5000 chance).

While your cardiologist believes that you will benefit from this procedure he / she cannot guarantee that your heart will go back into normal rhythm or stay in normal rhythm.

CONSENT

Procedure 1: Transoesophageal Echo

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 a Transoesophageal Echo (TOE).

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

Doctor: _____
Signature Print Name

Interpreter: _____
Signature Print Name

Procedure 2: DC Cardioversion

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 a DC Cardioversion.

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