

Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:

# PIC 208a: patient agreement to cardiac biopsy

## This is a follow up consent form for a patient who has a cardiac biopsy procedure at RPH.

### Statement of healthcare professional

I have re-explained the procedure to the patient. In particular I have re-explained:

**The intended benefits:** To detect any rejection (after a heart transplant) or diagnose heart muscle disease and to help decide the best treatment course.

#### Significant, unavoidable or frequently occurring risks (1 in 100):

- Bruising, bleeding, or damage to a blood vessel at the site where the sheath is inserted.
- Temporary numbing of nerves at the site where the sheath is inserted.
- Puncture to the lung causing collapsed lung (pneumothorax).
- Fainting reactions or low blood pressure.
- Temporary disturbances of heart rhythm.
- Damage to the tricuspid valve.
- Damage to a coronary artery.
- Perforation of the wall of the heart or pulmonary artery and cardiac tamponade (fluid build-up around your heart that affects its ability to pump blood effectively).
- Pulmonary embolism.
- Very rare risks include infection, blood clots in the neck veins, stroke causing disability and death.

- There has been no change to the patient condition**
- The patient has disclosed no new information**
- Patient has withdrawn consent (ask patient to sign and date below)**

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### Statement of patient

I confirm that I have previously received the patient information booklet (PI 208 cardiac biopsy). I have read and understood its contents and provide my renewed consent for this procedure.

#### I remain aware of:

- The intended benefits of the procedure.
- The significant and unavoidable risks.
- The alternatives to this procedure, including doing nothing.

Signed form must be scanned to EMR and a copy of signed form given to patient.

- I have had the opportunity to ask any further questions and am satisfied with the answers provided. I consent for the procedure to go ahead.

#### I understand that:

- Local anaesthetic and/or sedation may be used.
- Additional procedures will only be done if necessary to prevent serious harm or save my life.
- Any tissue removed will be managed according to appropriate legal and ethical standards.

### Healthcare professional

Signed: .....

Date: .....

Name (PRINT): .....

Job title: .....

#### Contact details

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### Patient

Patient signature: .....

Date: .....

Name (PRINT): .....

### Statement of interpreter (where appropriate)

If an interpreter was present to support this consent, please state the name and number of the interpreter present:

Date: .....

Interpreter's number:.....

Name (PRINT): .....



If you would like to access the patient information booklet for cardiac biopsy (PI 208) scan the QR to access via our website.