

Cardiac biopsy

A patient's guide and
consent form

Introduction

This guide is for patients who are having a cardiac biopsy. It explains what is involved and any risks associated with the procedure. A cardiac biopsy is a medical procedure to remove small pieces of heart muscle for examination under a microscope. The sample for biopsy is usually obtained from the right pumping chamber of the heart (right ventricle).

Why might I need a myocardial biopsy?

This procedure is routinely done after heart transplantation to look for signs of rejection.

There may be other reasons for this test. These can include diagnosing myocarditis (inflammation of the heart muscle) or rare types of heart muscle disease such as Amyloidosis or infiltrative heart muscle disease. In some patients a cardiac biopsy is performed to obtain samples to help diagnose tumours.

Preparation for the procedure

This is usually performed as an outpatient or day case procedure. If you are coming in for an outpatient biopsy we suggest you do not take any diuretic (water tablet) on the morning of the biopsy.

Any anticoagulation (blood-thinning) medications such as warfarin, rivaroxaban, edoxaban, apixaban or low molecular weight heparin need to be stopped before the procedure. Please contact the Transplant Continuing Care Unit in the week before the procedure for advice.

What does the procedure involve?

The test is performed in the catheter laboratory and will last approximately 30 minutes or less. The room is a little cold to prevent the equipment from over-heating.

You will need to lie flat on a movable table beneath an X-ray machine. The heart rhythm is monitored throughout the procedure. Local anaesthetic is injected to numb the skin. Using a needle, a small plastic tube (sheath) is inserted into a vein in the neck or

occasionally in the groin. Biopsy forceps are used to remove small pieces of heart muscle under x-ray guidance.

Are there any risks?

Cardiac biopsy is a low-risk procedure. Complications occur in approximately 1 in 100 patients.

These include:

- 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.

For some patients the risks may be different. Please speak to your doctor before the procedure if you have any concerns.

What happens after the procedure?

When the procedure has been completed a dressing will be applied to the neck or groin area and you will return to the outpatient department or ward. If the procedure is performed from the groin you will need to lie flat for approximately one hour afterwards. The dressing can be removed the next day.

A chest x-ray is routinely performed after a cardiac biopsy.

If the procedure is performed from the groin you will need someone to drive you home. You can resume normal activities the next day.

Results

The result is usually available on the same day or within 24 hours.

Research

Royal Papworth Hospital is a teaching hospital and you may be approached to participate in research.

Valuables

Please do not bring excess jewellery, credit cards or large sums of cash to the hospital.

Contact numbers

For further information please contact:
Transplant Continuing Care Unit (TCCU)
Telephone: 01223 638007.

Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:

PIC 208: patient agreement to PI 208 - Cardiac biopsy

Intended procedure/surgery

Statement of healthcare professional

(To be filled in by healthcare professional with appropriate knowledge of proposed procedure, as specified in consent policy).

I have explained the procedure to the patient. In particular I have 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: As detailed on page 3 of this booklet.

- ☐ Additional risks specific to you or your operation - please specify below:

.....
.....
.....

Any extra procedures, which may become necessary during the procedure:

- ☐ Blood transfusion
☐ Other procedure - please specify below:

.....
.....

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

This procedure will involve local anaesthesia and sometimes sedation.

Healthcare professional

Signed:

Date:

Name (PRINT):

Job title:

Contact details

.....
.....

Has a ReSPECT form been considered and, if relevant, appended to this form? (See page 9 for further details on ReSPECT)

☐ Yes ☐ No

Statement of patient

Please read the patient information and this form carefully. If the treatment has been planned in advance, you should already have your own copy of which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

Yes No

☐ ☐ **I agree** to the procedure or course of treatment described on this form and have read this information leaflet on insert title (PI 208) and had the opportunity to ask questions.

☐ ☐ **I agree** to the use of photography for the purpose of diagnosis and treatment and I agree to photographs being used for medical teaching and education.

- **I understand** what the procedure is and I know why it is being done, including the risks and benefits.

Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:



Royal Papworth Hospital

NHS Foundation Trust

- **I understand** that any tissue removed as part of the procedure or treatment may be used for diagnosis, stored or disposed of as appropriate and in a manner regulated by appropriate, ethical, legal and professional standards.
- **I understand** that any procedure in addition to those described on this form will be carried out only if necessary to save my life or to prevent serious harm to my health.
- I have listed below any procedures **which I do not wish to be carried out** without further discussion:

.....
.....
.....
.....

I have been told in the past by Public Health that I am at increased risk of CJD (Creutzfeldt Jakob disease) or vCJD (variant Creutzfeldt Jacob disease).

☐ Yes ☐ No

(Where patient indicates 'yes' health professional to refer to Trust CJD procedure DN092)

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 a telephone / video service has been used, please document the name of the interpreter and company below

.....
.....
.....

Patient

Patient signature:

Date:

Name (PRINT):

Confirmation of consent

(To be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Signed:

Date:

Name (PRINT):

Job title:

Important notes (tick if applicable).

☐ Patient has advance decision to refuse treatment

☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature:

Date:

Name (PRINT):

Please use and attach Consent form C for a young person who is not Gillick competent.

Recommended summary plan for emergency care and treatment (ReSPECT)

What is ReSPECT?

ReSPECT stands for 'Recommended summary plan for emergency care and treatment'. It is a process that helps people to think about what treatment is suitable in an emergency, should they be unable to make decisions at the time.

Why is it important?

We know that, when people are very unwell, they are often unable to think clearly about what treatment they may or may not want because their brain and body are overwhelmed by the illness. It is also normal for people to feel anxious about what is happening when they are sick and in hospital, and this can also make it difficult to think clearly. This is why we think it is a good idea, where possible, for decisions about medical treatment to be made in advance – before there is an emergency situation or crisis.

How does it work?

The ReSPECT process is designed to help conversations between you and your healthcare professionals: they need to make sure you understand your health problems and which treatments may or may not benefit you. You need to make sure the healthcare professionals understand what matters most to you and whether there is anything you are particularly worried about or would want to avoid.

This conversation is used to complete a ReSPECT form that records a person's health problems, their preferences and which medical treatments may or may not be suggested. The original form should stay with the patient, though it is extremely helpful to have a record of the content of the form on their electronic patient record.

A ReSPECT form is NOT a legally binding document and can be changed or withdrawn at any point.

The ReSPECT form is often used to indicate treatments that someone may not want and/or treatments that their healthcare professionals consider would no longer be of benefit to them.

If people are getting worse from progressive conditions, it may be helpful to consider in advance about things such as whether they would wish to go back into hospital and, if in hospital, what sort of treatments might or might not be helpful for them.

This often includes a decision on whether or not they should have attempted cardiopulmonary resuscitation (CPR) if their heart was to stop.

Who is it for / is this relevant for me?

This process has increasing relevance for people who have complex health needs, people who may be nearing the end of their lives and those who are at risk of sudden deterioration or cardiac arrest.

However, many people come to Royal Papworth to have major procedures or surgery with the intention of curing a progressive disease or with the intention of substantially prolonging their life and, if that is you, you may wonder how a ReSPECT discussion applies to you and others like you. One of the key things to understand about the ReSPECT process is that it can be used simply to document a person's wishes and priorities, without setting any limitations on what treatment they should have.

This is important because all the procedures and operations we do here come with the risk of complications. In the unlikely event that things do not go as planned, it is really helpful to have some idea about a person's preferences and about their fears, worries and hopes.

Once again, the document is not legally binding, but it can help those looking after you to know what you might want if you weren't able to say for yourself.

The ReSPECT form is a separate document.

It is possible that your clinical team will start a conversation about the ReSPECT process with you. Equally you can ask any member of your medical team if you would like to start this conversation yourself.

Royal Papworth Hospital NHS Foundation Trust

A member of Cambridge University Health Partners



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Alternative versions of this leaflet

Large print copies and alternative language versions of this leaflet can be made available on request.

View a digital version of this leaflet by scanning the QR code.



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