



## RIGHT HEART CATHETER – INTERNAL JUGULAR APPROACH INFORMATION SHEET AND CONSENT FORM

### A. CONDITION AND PROCEDURE

Your condition requires a test called a Right Heart Catheter.

This procedure involves placing a pressure-monitoring tube (catheter) into the chambers of your heart and the blood vessels of your lungs. By doing this, the doctors will learn more about the pressure in your heart and lungs and the pumping function of your heart.

#### You will undergo the following procedure:

Your skin is cleaned with antiseptic solution; you are then covered with sterile sheets and given an injection of local anaesthetic under the skin. The local anaesthetic may cause discomfort for several seconds. The doctor places a small needle into the neck vein. Once the needle is in the vein a fine wire is put into the vein. A plastic tube, called a "sheath" is put over the wire into the vein in your neck. You may feel pressure on your neck while the tube is placed in the neck vein, this is usually painless. The wire is then removed and a soft balloon "pressure catheter" is put into the vein. It is pushed along until it reaches the heart and then goes up into the blood vessels of the lungs. The doctor uses x-rays to see the catheter. The pictures appear on a video screen.

Pressures in the lungs and the heart are recorded. A sample of blood is taken to look at the oxygen level and other levels. Cold water is injected to help calculate the function of the heart. Most patients have no feeling of the catheter being inside the heart or the lung blood vessels.

Your blood pressure, pulse and heart beat are watched during the procedure.

At the end of the procedure, the catheter and sheath are removed. The staff press on your neck to stop the bleeding. This takes 10 to 15 minutes. Please discuss any worries you may have before you agree to the test.

### B. SIGNIFICANT RISKS AND RELEVANT TREATMENT OPTIONS

These are some of the more serious risks that can happen but are not the only risks:

#### Common complications

- (a) Minor bleeding and bruising. The bruising will go away in a few days.
- (b) Abnormal heart beat lasting several seconds. This will settle by itself.

#### Rare

- (c) Infection. This is more common if the doctor decides to leave the catheter in place for many hours to days.
- (d) Allergic reaction to the local anaesthetic. This may require medication to fix.
- (e) Unable to get into the neck vein. The procedure may be changed to a different approach. For example, arm or leg vein approach.
- (f) Abnormal heart rhythm that continues for a long time. This may need an electric shock to correct.
- (g) The carotid artery (in the neck) is accidentally punctured. This may require an operation to fix.

#### Very rare

- (h) Blood clot in the neck vein. This may need medication to dissolve the clot.
- (i) Embolisation. A blood clot flying off the catheter. This is treated with blood thinning medication.
- (j) Air in the lung cavity. A chest tube may need to be put in to drain the air out. This will mean a longer stay in hospital.
- (k) Damage to the vein in the neck. This may need an operation to correct.
- (l) Air embolism. Air getting into the heart. This is treated with oxygen and attempted removal of the air.
- (m) Perforation. A hole is made in the heart or the heart valve. There may be bleeding around the heart. This requires an operation to correct.
- (n) Unable to position the balloon catheter into the lung vessels or around the heart. The procedure would be cancelled if this occurred. This is more common if there are congenital malformations of the heart.

#### Extremely rare complications

- (o) Death.



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### RIGHT HEART CATHETER – INTERNAL JUGULAR APPROACH

U.R. No \_\_\_\_\_ (Attach patient label if applicable)

SURNAME \_\_\_\_\_

GIVEN NAMES \_\_\_\_\_

D.O.B. \_\_\_\_\_ SEX **M / F** (Please circle)

GP \_\_\_\_\_

#### C. PATIENT'S STATEMENT

I acknowledge that:

The doctor has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

The doctor has explained other relevant treatment options and their risks. The doctor has explained my prognosis and the risks of not having the procedure.

I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. I was given a copy of the Right Heart Catheter Information sheet to read. My questions and concerns have been discussed and answered to my satisfaction.

The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I understand that no guarantee has been made that the procedure will improve the condition.

On the basis of the previous statements, **I REQUEST TO HAVE THE PROCEDURE.**

SIGNATURE \_\_\_\_\_ DATE / /

#### D. DOCTOR'S STATEMENT

I have explained:

The patient's condition, the need for treatment, consequences of not having the treatment, the procedure and the risks, relevant treatment options and their risks, likely consequences if those risks occur, the significant risks and problems specific to this patient. I have given the patient an opportunity to ask questions about any of the above matters and raise any other concerns which I have answered as fully as possible. I am of the opinion that the patient understood the above information.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE / /

#### E. INTERPRETER'S STATEMENT (if applicable)

I have given a translation in \_\_\_\_\_ of the consent form and any verbal and written information given to the patient by the doctor.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE / /