Cardiology

Universitätsspital Basel
Petersgraben 4, CH-4031 Basel
Tel. +41 61 265 44 45, Fax +41 61 265 45 98

Information and patient consent form

Catheter closure of the left atrial appendage in patients with atrial fibrillation

I was informed about the planned intervention and agree to it.

I have been informed about the purpose, the chances of success, the risk and other treatment options. I was informed that during the catheter intervention, additional measures must be taken depending on the situation in order to achieve the best possible result.

In a few cases (about 5%), the placement of the implant cannot be performed. In most cases (about 95%), the insertion of the implant into the left atrial appendage succeeds. The treatment with blood-thinning medication is then usually continued for 6 months.

Although the intervention usually proceeds without problems, serious complications may occur in rare cases. A bleeding into the pericardium occurs in about 2-4% of cases. In this case, a drainage tube has to be inserted through an access point below the sternum and in very rare cases, the bleeding may have to be stopped with cardiac surgery. In rare cases, the implant may get detached after insertion and will have to be rescued by catheter or by operation from the heart or a blood vessel. Other serious complications include stroke or air embolism, which, however, occur very rarely (<1%).

I was also told about the general risks of a cardiac catheterisation and informed that bleeding, for example, at the injection site and disorders of cardiac rhythm may occur and must be treated. Other serious complications (severe allergies to the used medications, renal failure, circulatory disorders and clot formation in the arteries, death rarely occur (<1%).

As there is a small risk of bacterial infection, I will get an antibiotic and take it as prophylaxis during the next several months if i have a dental or other form of intervention or any febrile illness.

The procedure or examination is performed under X-ray radiation. Consequently there is a certain radiation exposure, that however is kept as low as possible. Based on general considerations, in case of pregnancy this kind of examination should only be performed in emergency cases.

Space for a sketch / personal notes:

Please contact us,

if you do not understand something or if something seems to be important that was not mentioned in this document or in the personal consultation with your doctor.

Consent to data collection and transfer to the SwissCaRe National Quality Register

I agree that personal data relating to my procedure and my medical history, including my surname, first name, gender and date of birth, may be collected for quality assurance and transmitted to the SwissCaRe National Quality Register. I have been informed of the scope and purpose of the data transmission by means of the patient information document on the SwissCaRe quality register, version 1/2022. Any questions were answered. I was explained that my decision whether or not to consent to the data transfer to the registry has no influence on my treatment. I know that I can revoke this consent at any time, without giving reasons.

☐ YES, I agree that my personal data will be transmitted to SwissCaRe

☐ NO, I do not want my personal data to be transmitted

Declaration of consent

Dr. med. ………………………………………………………………………………………………

held an informed consent discussion with me. I have understood the information provided to me and could make all the pertinent questions. After sufficient time to think and answering of all my questions I hereby declare myself ready for the proposed therapy. I express my consent for any follow-up procedures that may become necessary.

Signature of patient: ______________________________

Signature of doctor: ______________________________

Place and date: ______________________________