

Cardiology

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Information and patient consent form

Myocardial biopsy

Dear patient,

Based on your symptoms and the previous findings of medical examinations, a myocardial biopsy must be additionally performed.

For the clarification of your heart muscle disease, samples are taken from the heart muscle, in order to examine it under the microscope for specific heart muscle diseases. These findings may contribute significantly to the diagnosis of your heart muscle disease. This is crucial in order to plan further treatment of your condition.

Procedure of a heart muscle biopsy

To obtain a myocardial sample under sterile conditions and under x-ray control, a catheter-like instrument is inserted through a jugular vein into the right ventricle. 6-4 pieces of heart muscle of 1-2 mm size are then removed from the septum.

Possible complications

General risks include bleeding, bruising (hematoma), embolism or thrombosis in the region of the puncture site. Basically, there is little risk of injuring the pericardium, which may lead to bleeding into the pericardium (pericardial effusion). In case of a large, vessel-related pericardial effusion, a pericardial puncture may be performed for discharge of the effusion. During a myocardial biopsy, short arrhythmias often occur, which are harmless. In rare cases, these arrhythmias may persist, which then require further treatment. The medicinal products and devices that are then required are of course always available. Another rare complication is the injury of the tricuspid valve (heart valve between the right atrium and right ventricle), which can cause leakage of the heart valve. In rare cases, the puncture of the jugular vein may lead to a so-called pneumothorax.

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.

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: _____

Consent to data collection and evaluation

I agree with the collection and analysis of scientific data of my treatment in an encrypted, electronic form. If necessary, the traceability of data for quality assurance is ensured. We assure you with an unrestricted right of access to inspect the data archived about you.

Signature of patient:

Place and date: