

Kardiologie

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Consent Form

For cardiac catheter examination and treatment of constricted or blocked coronary vessels (balloon dilation and the like)

Dear Patient

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

I was, in particular, informed about the purpose of the intervention and the procedure. I am well aware of the risk associated with it. I know that in rare cases of cardiac catheter examinations, bleeding e.g. at the injection site, and disorders of cardiac rhythm can occur which require treatment. Other serious complications (severe allergy to drugs used, circulatory disorders of the legs, clot formation in the arteries, kidney disorders, strokes etc.) are very rare and occur in less than 1 percent of the examinations.

If the physician advises a catheter treatment of the constricted coronary arteries (balloon dilation and the like) after imaging of the coronary vessels,

I would agree to it and avoid wasting any further time to think over it.

I have been informed about the purpose, the chances of success, the risk and other treatment options. I know that a constriction of blood vessels can very rarely cause a cardiac circulatory disorder and because of a possible heart attack rarely requires an immediate bypass surgery.

While performing the catheter treatment, my physician will take measures depending on the situation to achieve the best possible result. In most cases, a very fine metal mesh is inserted to support the vessel from the inside (stent). The stent grows in the vessel without any repulsion. I know that I need to take antiplatelet medication for a few months to avoid the formation of clot in the stent. In 5-10 percent of the interventions, in the first few months the reconstriction of heart vessels can occur (a so-called restenosis), because of which a re-treatment or a bypass surgery becomes necessary.

I have understood the information passed on to me. My questions were satisfactorily answered.

Space for your 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: