Universitätsspital Basel

Cardiology

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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.

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: ……..……..