

Cardiology

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Information and patient consent form

Electrophysiological cardiac catheterisation (HV measurement)

Dear patient,

Following the aortic valve replacement performed via catheterisation, your attending physician determined that there is a restriction of electrical conduction in the heart. The so-called left bundle branch is blocked, i.e. the electrical conduction in the heart only takes place via the right bundle branch. In this situation, we believe it is important to determine that in which area of the electrical conduction from the atrial chamber the ventricle the disorder has occurred, so that we can inform you accurately with respect to the optimum further treatment. Therefore a brief electrophysiologic cardiac catheterisation is necessary.

Examination and treatment method

After a local anesthetic is applied in the groin, a cardiac catheter is advanced under X-ray control into the heart. The electrical activity of the heart is measured. These measurements are made via the computer and are not associated with stress or pain for you. Immediately after that we can inform you of the examination findings. The examination will take 15 - 20 mins.

Potential complications:

Although this examination is usually easy, complications may occur in very rare cases. These are mainly harmless haematomas at the injection site. Dangerous or even life-threatening complications are virtually ruled out.

After the examination

After the examination, you must stay in bed to rest according to the doctor's orders. The legs must be kept straight, and the pressure bandage on the groin may not be removed. If a swelling occurs at the puncture site, please contact us immediately.

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: