Right Heart Catheter (Femoral Vein Approach)

A. Interpreter / cultural needs
An Interpreter Service is required? □ Yes □ No
If Yes, is a qualified Interpreter present? □ Yes □ No
A Cultural Support Person is required? □ Yes □ No
If Yes, is a Cultural Support Person present? □ Yes □ No

B. Condition and treatment
The doctor has explained that you have the following condition: (Doctor to document in patient’s own words)

This condition requires the following procedure. (Doctor to document - include site and/or side where relevant to the procedure)

The following will be performed:
You will be given an injection of local anaesthetic.
A fine tube (catheter) is put into the vein in the groin. You may feel pressure in your leg while the tube is placed in the vein. It is carefully passed along until it reaches the heart and then goes up into the blood vessels of the lungs. This is usually painless. The doctor uses x-ray imaging to see the catheter.
At the end of the procedure, the catheter is removed

C. Risks of a right heart catheter (femoral vein approach)
In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead. This is a very complicated assessment.

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%) include:
- Minor bleeding and bruising at the puncture site.
- Abnormal heartbeat lasting several seconds, which settles by itself.

Uncommon risks and complications (1-5%) include:
- Unable to get the catheter into the leg vein. The procedure may be changed to the opposite leg or to a different approach eg the neck or an arm vein.
- Abnormal heart rhythm that continues for a long time. This may need an electric shock to correct.

- The femoral artery (in the groin) is accidentally punctured. This usually just requires pressure on the artery. However, on rare occasions this may require surgery to repair.

Rare risks and complications (less than 1%) include:
- Infection. This will need antibiotics.
- Allergic reaction to the local anaesthetic. This may require medication to treat.
- Embolism. A blood clot may form and break off from the catheter. This is treated with blood thinning medication.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Damage to the vein in the leg. This may need surgery to repair.
- Damage to the lung blood vessel causing bleeding. This may need surgery to repair.
- Air embolism. Oxygen may be given.
- A hole is accidentally made in the heart or the heart valve. This will need surgery to repair.
- Unable to position the balloon catheter into the lung vessels or around the heart. The procedure would be cancelled if this occurred. This is more common if there are congenital malformations of the heart.
- Damage to the nerve in the leg.
- A stroke. This may cause long term disability.
- Death as a result of this procedure is extremely rare.

D. Significant risks and procedure options
(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure
(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Anaesthetic
This procedure may require an anaesthetic. (Doctor to document type of anaesthetic discussed)
G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure understand the risks, including the risks that are specific to me.
- other relevant procedure options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:
- Local Anaesthetic and Sedation for Your Procedure
- Right Heart Catheter (Femoral Vein Approach)

I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.

I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,
1. **What is a right heart catheter (femoral vein approach)?**

This is a procedure where fine tubes (catheters) are passed into the arteries and veins of the heart. Heart and Lung pressures are monitored and blood samples are taken from within the heart.

You will have the following procedure:

- A needle with a tube connected to it will be put in your arm. This is called an intravenous line or IV.
- A catheter is put into the vein in the groin. You may feel pressure in your leg while the tube is placed in the vein. It is carefully passed along until it reaches the heart and then goes up into the blood vessels of the lungs. This is usually painless. The doctor uses x-ray imaging to see the catheter.
- Pressures in the lungs and heart are recorded. A sample of blood is taken to look at the oxygen level.
- At the end of the procedure, the catheter is removed.

2. **My anaesthetic**

This procedure will require an anaesthetic.

See Local Anaesthetic and Sedation for Your Procedure information sheet for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

*If you have not been given an information sheet, please ask for one.*

3. **What are the risks of this specific procedure?**

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead. This is a very complicated assessment.

There are risks and complications with this procedure. They include but are not limited to the following.

**Common risks and complications (more than 5%)** include:

- Minor bleeding and bruising at the puncture site.
- Abnormal heartbeat lasting several seconds, which settles by itself.

**Uncommon risks and complications (1-5%)** include:

- Unable to get the catheter into the leg vein. The procedure may be changed to the opposite leg or to a different approach eg the neck or an arm vein.
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- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Damage to the vein in the leg. This may need surgery to repair.
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- A hole is accidentally made in the heart or the heart valve. This will need surgery to repair.
- Unable to position the balloon catheter into the lung vessels or around the heart. The procedure would be cancelled if this occurred. This is more common if there are congenital malformations of the heart.
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**Notes to talk to my doctor about:**

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