



Queensland Government

Aortic Surgery

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

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 *(please tick)*:

- Ascending Aorta** **Arch of Aorta**
Descending Aorta

A cut will be made in the front of the chest to operate on the first part of the aorta - the ascending aorta, or on the arch of aorta OR

A cut in the back of the left chest wall will be used to operate on the third part of the aorta – the descending aorta.

You will be placed on a heart-lung 'bypass' machine which takes over the job of your heart and lungs.

An artificial graft (eg Dacron or Gortex) will be used to replace the affected aorta. After the aortic surgery is completed, the heart-lung bypass machine is stopped and your heart starts beating again. The incision is then closed.

C. Risks of aortic surgery

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.

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:

- Damage to large blood vessels, causing bleeding which could require further surgery and blood products.
- Heart rhythm changes, which are usually temporary and will need drug treatment.
- Impaired lung function and pneumonia, which are treated with physiotherapy and medication.

- Lung complications such as blood and air in the pleural cavity. This will require a chest drain.
- The wound may not heal normally. The wound can thicken after 1 to 2 months and turn red. The scar may be painful.
- Infection in the chest, breastbone or blood. This may need further surgery and antibiotics.
- Short term memory loss, difficulty with concentration and reading, and visual blurring may occur for a few weeks after the surgery.

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

- Small areas of the lungs may collapse, increasing the risk of a chest infection. This may need antibiotics and physiotherapy.
- 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.
- Kidney failure is likely in patients who have existing kidney problems. This may require dialysis.
- Heart attack. This may be mild or serious.
- A stroke. This can cause long term disability.
- There can be damage to the blood supply to the spinal cord, which can cause paraplegia (paralysis from the chest down). This may be temporary or permanent. If permanent, it will cause permanent disability.
- Respiratory failure. This may need drug treatment or a tracheostomy.
- Changes in heart rhythm. A permanent pacemaker may need to be inserted.
- Blood transfusion. The spread of infectious germs from the donor blood is quite rare.
- Death is possible due to this procedure.

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)*



Aortic Surgery

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

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. I 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:

- About Your Anaesthetic**
- Aortic Surgery**
- Blood & Blood Products Transfusion**

- 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,

I request to have the procedure

Name of Patient:

Signature:

Date:

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD:

No ▶ Name of Substitute Decision Maker/s:

Signature:

Relationship to patient:

Date: PH No:

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:

Designation:

Signature:

Date:

I. Interpreter's statement

I have given a sight translation in

.....
(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

1. What is aortic surgery?

The aorta is the large artery responsible for carrying oxygen rich blood from the heart to the rest of the body. Aortic surgery is usually done on the aorta because it is enlarged and diseased.

You will have surgery on (*please tick*):

Ascending Aorta **Arch of Aorta**
Descending Aorta

A cut will be made in the front of the chest to operate on the first part of the aorta - the ascending aorta, or on the arch of aorta **OR**

A cut in the back of the left chest wall will be used to operate on the third part of the aorta – the descending aorta.

You will be placed on a heart-lung 'bypass' machine which takes over the job of your heart and lungs. This machine adds oxygen to the blood, keeps the blood warm and keeps the blood pumping through the body while the heart is operated on.

An artificial graft (eg Dacron or Gortex) will be used to replace the affected aorta. After the aortic surgery is completed, the heart-lung bypass machine is stopped and the heart starts beating again. The incision is then closed.

This surgery is traumatic, and you may have some ongoing aches, pains, swelling and numbness for some time after the surgery. Recovery will take months, and not everyone fully recovers.

This surgery is not a total cure and you will almost certainly be on medication for the long term.

The aim of this surgery is to improve your quality of life and longevity.

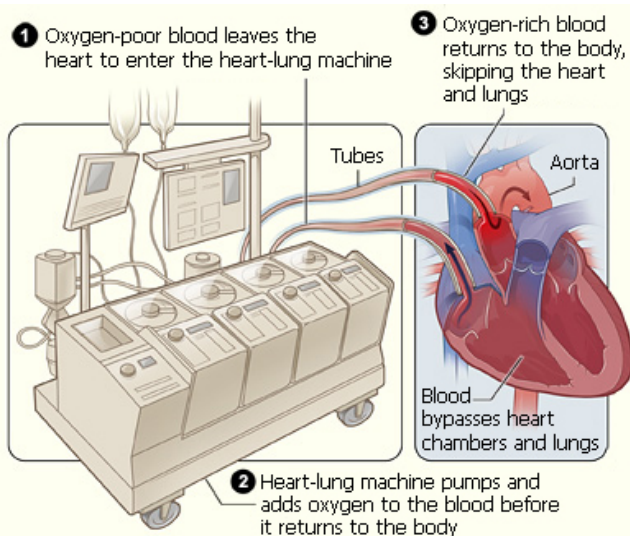


Fig 1. National Heart, Lung and Blood Institute

2. My anaesthetic

This procedure will require an anaesthetic.

See **About your anaesthetic 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.

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:

- Damage to large blood vessels, causing bleeding which could require further surgery and blood products.
- Heart rhythm changes, which are usually temporary and will need drug treatment.
- Impaired lung function and pneumonia, which are treated with physiotherapy and medication.
- Lung complications such as blood and air in the pleural cavity. This will require a chest drain.
- The wound may not heal normally. The wound can thicken after 1 to 2 months and turn red. The scar may be painful.
- Infection in the chest, breastbone or blood. This may need further surgery and treatment with antibiotics.
- Short term memory loss, difficulty with concentration and reading, and visual blurring may occur for a few weeks after the surgery.

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

- Small areas of the lungs may collapse, increasing the risk of a chest infection. This may need antibiotics and physiotherapy.
- 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.
- Kidney failure is likely in patients who have existing kidney problems. This may require dialysis.
- Heart attack. This may be mild or serious.
- A stroke. This can cause long term disability.
- There can be damage to the blood supply to the spinal cord, which can cause paraplegia (paralysis from the chest down). This may be temporary or permanent. If permanent, it will cause permanent disability.
- Respiratory failure. This may need drug treatment or a tracheostomy.
- Changes in heart rhythm. A permanent pacemaker may need to be inserted.
- Blood transfusion. The spread of infectious germs from the donor blood is quite rare.
- Death is possible due to this procedure.