



Heart Transplant

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)*

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.....

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

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.....

The following will be performed:

An incision is made through the 'sternum' (breast bone). During the procedure you will be placed on 'bypass' with a heart-lung machine doing the work of your heart and lungs. Your diseased heart is removed and replaced with the donor heart. After the surgery is completed, the heart-lung bypass machine is stopped and your heart starts beating again. The incision is then closed.

C. Risks of a heart transplant

Your quality of life and survival are balanced with the risks of surgery. The risks of transplant are high, and include major complications. The surgery is not a cure. There are risks and complications with this procedure. They include but are not limited to the following.

These risks are also detailed in the Heart Transplant Patient Information Booklet.

- Wound Infection. This may need antibiotics.
- Bleeding from the wound or the chest cavity which may require a large drain until bleeding stops and sometimes requires a blood transfusion or further surgery.
- Other infections of the lung, bladder, skin or intravenous sites. This may need antibiotics.
- In some people, wound healing may result in a thickened or painful scar.
- 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.

- Circulation problems may develop which involve the heart, brain or kidneys. This may result in a heart attack, stroke or renal failure needing dialysis.
- Potential for the transmission of an infection from the donor heart despite known donor screening.
- Blood transfusion. The spread of infectious germs from the donor blood is quite rare.
- Bowel function may be slow to return after surgery.
- The heart may have a slow rhythm resulting in the need for a pacemaker or prolonged hospitalisation.
- Problems specifically due to medication suppression of the immune system.
- The anastomosis (where your new heart joins to the aorta) may narrow or leak requiring further surgery.
- The function of the transplanted heart may be poor or delayed. A Ventricular Assist Device (artificial heart) may be recommended for support until the heart recovers.
- Loss of the graft may occur from acute rejection.
- Levels of fats such as cholesterol in the blood may rise, resulting in an increase of arterial disease including heart attacks and strokes.
- Death is possible while waiting for a heart transplant due to donor availability.
- Death is possible due to the procedure or later complications of the procedure. This risk is approximately 7% during the first month following transplantation.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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F. Anaesthetic

This procedure may require a general anaesthetic.

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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

Heart Transplant Information Booklet from the Prince Charles Hospital version.

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.
- For the purposes of organ matching and monitoring, my name and the organ I will receive will be disclosed to the Australian Organ and Tissue Donation Authority and to the Australian and New Zealand Organ Donation Registry. This information will remain confidential and disclosed

only as required and in accordance with all relevant privacy laws.

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 653 187

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:

DO NOT WRITE IN THIS BINDING MARGIN



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H. 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: