



Ventricular Assist Device (VAD)

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:

The surgeon will make an incision down the front of the chest. The breast bone is opened so the surgeon can reach the heart.

During the procedure you will be placed on 'bypass', where a heart-lung machine takes over the job of your heart and lungs while the heart is being operated on.

The Ventricular Assist Device (VAD) is placed below the heart and connected to the heart and the blood vessels. When inserted, it is turned on and blood flows out of the heart into the VAD. The VAD pumps blood to the heart artery to supply blood and oxygen to the body, thus taking over the work of the diseased heart.

After the VAD is connected, the heart-lung machine is stopped and the incision in the chest is closed.

C. Risks of a ventricular assist device (VAD)

Your quality of life and survival are balanced with the risks of surgery. The risks of implanting a VAD are high, and include major complications. Implanting a VAD is not a cure.

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

- Wound and lung infection. This will need antibiotics.
- Infection around the VAD and VAD tubes. This may need antibiotics and further surgery.
- Bleeding from the wound in the chest cavity which may need a blood transfusion or further surgery.

- 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.
- Risk of clots forming in the VAD leading to embolism causing stroke or other interrupted blood supply to organs and limbs.
- Mechanical failure of device requiring re-operation.
- A stroke. This can cause long term disability.
- Bowel function may be slow to return after surgery.
- Circulation problems may develop which involve the heart or brain. This may result in a heart attack or stroke.
- Multi-organ failure which has a poor prognosis.
- Some bacteria, viruses and fungi that do not usually cause illness can cause severe or even life threatening infections in people on ventricular assist devices.
- Kidney failure which will need dialysis.
- Death as a result of this procedure is possible.

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 an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

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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**
- Ventricular Assist Device (VAD)**
- 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

