



Angiogram & Plasty/ Stenting

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. Procedure

The following will be performed (*Doctor to document - include site and/or side where relevant to the procedure*)

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.....

An angiogram is a procedure where x-rays and Iodinated 'Contrast' are used to examine blood vessels, usually arteries.

Angioplasty and stenting are often used instead of surgery to deal with narrowed or blocked arteries. An angioplasty and/or stenting are performed as an extra step to the angiogram procedure.

An Angioplasty involves the insertion of a balloon into the narrow part of the artery. The balloon is inflated stretching out and opening up the artery.

A Stent is a metal mesh tube that is inserted when an angioplasty does not maintain the improved blood flow through the artery. The stent keeps the artery open after the balloon has been removed. The stent stays in for life.

This procedure will require an injection of local anaesthetic. A sedative injection is *rarely* given.

C. Risks of the procedure

In recommending the Angiogram & Plasty / Stenting, the doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the puncture site. This may require medication.
- Bleeding or bruising could occur. This is usually stopped by applying pressure and/or ice to the puncture site. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- The artery can become narrowed or blocked again. This may require further treatment.

- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

Less common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Failure to access the narrowing in the artery. This may require a second arterial puncture at a different location.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- A blood clot or excessive bleeding from the puncture site. This may require other treatment and/or corrective surgery.
- An allergy to injected drugs may occur, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

Rare Risks and complications include:

- Stroke or stroke like complications may occur due to the catheter causing damage to the artery blocking the blood flow. This can cause weakness in the face, arms and legs; it could be temporary or permanent.
- Rupture of a blood vessel requiring other treatment and/or corrective surgery.
- The stent may suddenly close. This may require further treatment.
- An increased lifetime cancer risk due to the exposure to x-rays.
- Skin burns or damage from exposure to x-rays.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.

If sedation is given extra risks include:

- faintness or dizziness, especially when you start to move around
- fall in blood pressure
- nausea and vomiting
- weakness
- an existing medical condition getting worse
- heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. This may require emergency surgery.
- stroke resulting in brain damage.

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D. Risks of Iodinated Contrast for patients with renal impairment

Specific Risks of Iodinated Contrast to patient's identified as having *Renal Impairment*.

- Giving the Contrast to people with weakened kidneys (renal impairment), can cause further kidney damage, which may in turn cause the kidneys to stop working properly (acute renal failure).

E. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

- the risks and complications, 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.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
- a doctor/doctor delegate undergoing further training may conduct this procedure.

I have been given the following Patient Information Sheet/s:

- Angiogram & Plasty / Stenting**
 Iodinated Contrast

- I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. 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/doctor delegate.
- 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.
- I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

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)

F. Doctor/delegate Statement

I have explained to the patient all the above points under:

- the Patient Consent section (E)
 Iodinated Contrast - Patients with Renal Impairment Section (D) (for renal impaired patients only)

and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:

Designation:

Signature: **Date:**

G. 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:**

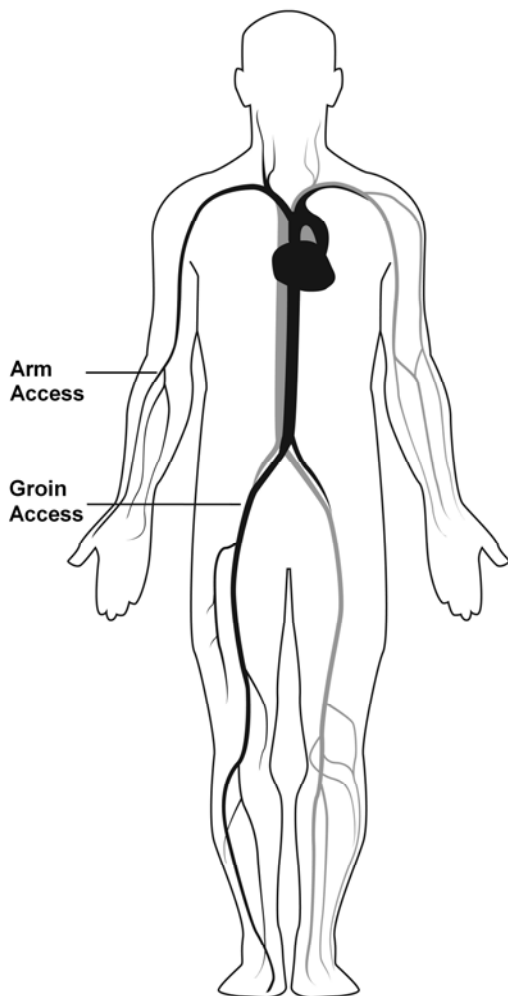
Consent Information - Patient Copy Angiogram & Plasty/ Stenting

1. What is an angiogram & plasty/ stenting?

An angiogram is a procedure where x-rays and Iodinated 'Contrast' are used to examine blood vessels, usually arteries. Contrast is injected by placing a needle and a thin plastic tube (catheter) into the artery.

For more information on Iodinated Contrast and the risks involved in its use, please read the **Iodinated Contrast Patient Information Sheet**. (*If you do not have this information sheet please ask for one*).

Angioplasty and stenting are often used instead of surgery to deal with narrowed or blocked arteries. An angioplasty and/or stenting are performed as an extra step to the angiogram procedure.



Vascular Anatomy - Herston Multi Media Unit, RBWH, 2009

2. Will there be any discomfort, is any anaesthetic needed?

This procedure will require an injection of local anaesthetic. It is used to prevent or relieve pain, but will not put you to sleep.

A sedative injection is *rarely* given.

3. What is sedation?

Sedation is the use of drugs that give you a 'sleepy-like' feeling. It makes you feel very relaxed during a procedure. You may remember some or little about what has occurred during the procedure.

This procedure may only have a light sedation. You need to be able to fully co-operate at times by holding your breath when instructed by the doctor.

Sedation is generally very safe but has a risk with side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

4. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your procedure.

- You will be told when to have your last meal and drink. This is to make sure your stomach is empty so that if you vomit during the procedure there will be nothing to go into your lungs.
- Please tell the staff if you are or suspect you might be pregnant or are breastfeeding.
- *If you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin) or any other drug that is used to thin your blood ask your doctor/health practitioner if you should stop taking it before the procedure as it may affect your blood clotting.*
- List or bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements.
- *Do not drink any alcohol and stop recreational drugs* 24 hours before the procedure as these may alter the affects of the sedation anaesthetic. If you have a drug habit, please tell your doctor.

5. During the procedure

A fine needle (IV cannula) will be put into a vein in your arm.

The Radiologist (x-ray doctor) will inject local anaesthetic into your skin. A needle and catheter are inserted into the artery in your groin; sometimes your arm may be used. Once the catheter is in place the needle is removed.

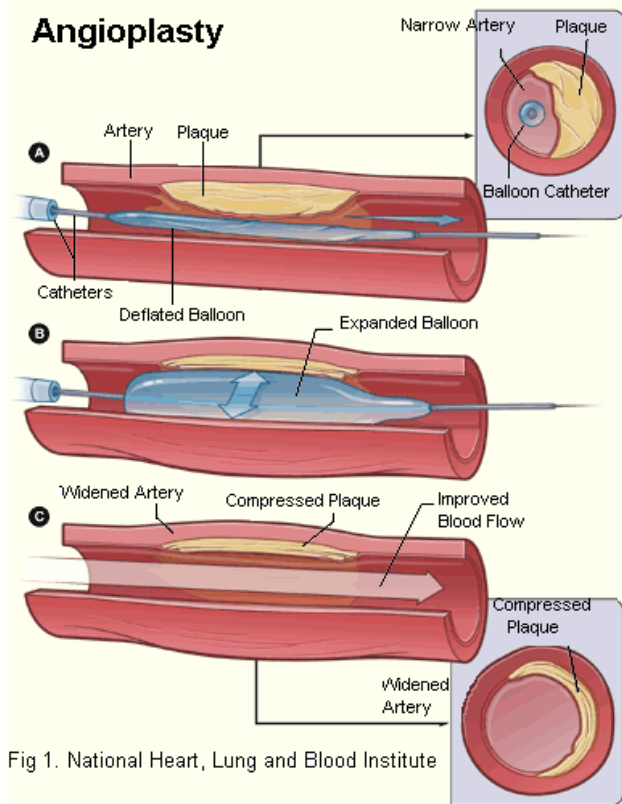
The catheter is guided through the main blood vessels in your body until reaches the area to be studied. You should not be able to feel the catheter inside your body.

X-ray pictures are taken while the Contrast is injected into your arteries.

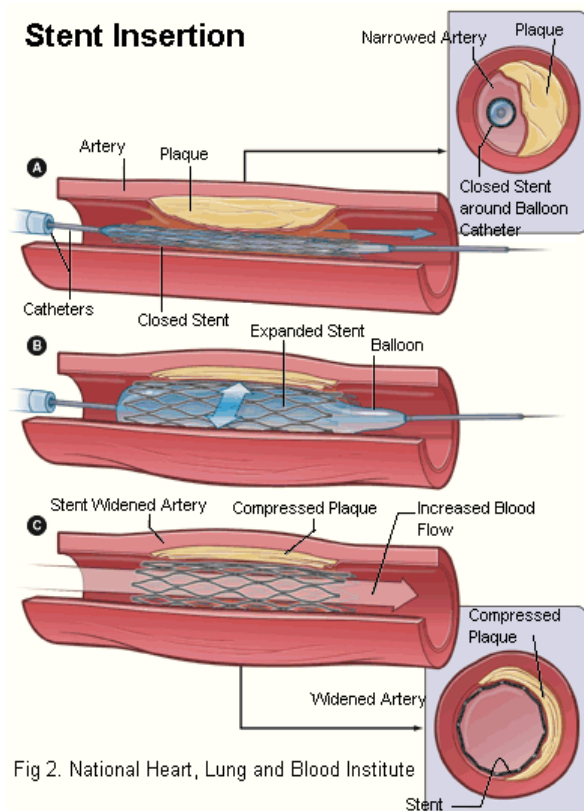
Once the narrowing has been identified the balloon catheter or stent will be inserted.

You may have one OR both of the following procedures;

An **Angioplasty** involves the insertion of a balloon into the narrow part of the artery. The balloon is inflated stretching out and opening up the artery.



A **Stent** is a metal mesh tube that is inserted when an angioplasty does not maintain the improved blood flow through the artery. The stent keeps the artery open after the balloon has been removed. The stent stays in for life.



When the procedure is finished the catheter will be removed. Firm pressure will be put over the area where the catheter went into your skin (puncture site), sometimes a special plug is used. This allows the artery to seal over so you will not bleed.

6. After the procedure

You will need to lie flat and keep your leg (or arm) still and straight. Moving too soon after this procedure may cause bleeding at the puncture site.

Staff will discuss with you the need to restrict your activities at home for up to 5 days. Follow these instructions carefully.

The IV cannula will be removed after you have fully recovered.

7. What are the risks of this specific procedure?

In recommending the Angiogram & Plasty / Stenting, the doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the puncture site. This may require medication.
- Bleeding or bruising could occur. This is usually stopped by applying pressure and/or ice to the puncture site. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- The artery can become narrowed or blocked again. This may require further treatment.
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

Less common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Failure to access the narrowing in the artery. This may require a second arterial puncture at a different location.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- A blood clot or excessive bleeding from the puncture site. This may require other treatment and/or corrective surgery.
- An allergy to injected drugs may occur, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

1. What is Iodinated Contrast?

The medical imaging procedure your doctor has asked you to have uses Iodinated 'Contrast' (once called X-ray dye). Contrast is a colourless liquid which includes iodine. Contrast is injected into your blood stream to allow your organs to be seen more clearly on x-rays. Contrast is not a dye. It does not stain the inside of your body. Your doctor needs to use Contrast to be able to get all the information needed to assist with your diagnosis.

This information sheet must be read together with the information sheet of the procedure you are booked for (if you do not have this information sheet please ask for one).

2. During the procedure

When the Contrast is injected you may feel:

- A very warm or 'flushed' feeling over your body, this may also make you think you have passed urine. You will *not* pass urine – it is only a feeling.
- A 'metallic' taste or smell may also happen. This usually lasts less than a minute.

3. After the procedure

It is recommended that you drink 2 to 4 glasses of water after your procedure to help flush the Contrast from your body.

Contrast does not affect your ability to carry out normal activities; you should be able to continue with your day as normal.

4. Precautions

Contrast is not suitable for some people; you will be asked a series of questions before it is given to you. Your answers allow staff to identify any risk factors that you may have.

- Please tell the staff if you are or suspect you might be pregnant or are breastfeeding.

Kidney function

- Contrast is removed from your blood by your kidneys through your urine. It is easily removed from the body of people who have normal kidney function.
- Giving Contrast to people with weakened kidneys (renal impairment), can cause further kidney damage, which may in turn cause the kidneys to stop working properly (acute renal failure).
- You may be asked to have a simple blood test to find out the level of their kidney function.

Diabetic Drug interactions - Metformin

(Other Drug names: Avandamet, Diabex, Diaformin, Formet, Glucohexal, Glucomet, Glucophage, Glucovance, Metforbell)

If kidneys suffer damage from the Contrast then the kidneys may not be able to remove Metformin from the body. It is safer to briefly stop taking Metformin when having Contrast. Staff will inform you when to stop and when it is safe to take Metformin again.

Contact your GP to monitor your diabetes if you are told to stop your Metformin.

5. What are the risks of Iodinated Contrast?

The risks and complications with this injection can include but are not limited to the following.

Common risks and complications include:

- No known common risks.

Less common risks and complications include:

- Injected Contrast may leak outside of the blood vessel, under the skin and into the tissue. This may require treatment. In very rare cases, further surgery could be required if the skin breaks down.
- Acute Renal Failure occurs when one or both of your kidneys suddenly stop working. Failure can last for days or weeks. It may take the kidneys a long time to regain their previous level of function and you may require dialysis to filter your blood during this time. There is a risk your kidneys could be permanently damaged. To reduce this risk the smallest possible dose of Contrast will be given.
- The injection may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

- Allergic reactions occur within the first hour with most happening in the first 5 minutes. Late reactions have been known to occur up to a week after the injection.

Note: Allergy to topical iodine and/or seafood does not imply an allergy to Iodinated Contrast.

The reactions vary from:

Mild – hives, sweating, sneezing, coughing, nausea.

Moderate – wide spread hives, headaches, facial swelling, vomiting, shortness of breath.

Severe – Severe reactions are rare but include: life-threatening heart palpitations, very low blood pressure, throat swelling, fits and/or cardiac arrest.

- Death as a result of Iodinated Contrast is *very* rare.

6. What are the safety issues when you leave the hospital?

Go to your nearest Emergency Department or GP if you become unwell.