



Coronary Artery Bypass Graft and/or Valve 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)

.....
.....

You may have any or all of the following procedures
(Please tick):

Coronary Artery Bypass Graft Surgery (CABG)

This involves using veins from your leg or arteries from inside your chest or from your arm to bypass blockages in the arteries which deliver blood and oxygen to heart muscles.

Valve Surgery (Aortic/Mitral/Tricuspid)

Heart valves allow blood to pass through the heart in only one direction. They may be narrowed or leaking and may be repaired or replaced by mechanical or tissue (pig or calf) valves. Very rarely, a human valve will be used.

CABG and Valve Surgery

This is a combination of the above procedures.

Reconstruction of Damaged Heart

In rare cases, damage to the heart muscle requires reconstruction with artificial materials or removal of the damaged heart muscle.

Echocardiogram

During the operation, an echocardiogram may be performed to assess whether the heart valve can be repaired or has to be replaced. It may also be used at the end of the procedure to assess the function of the heart or to check the result of repair or replacement.

C. Risks of a coronary artery bypass graft and/or valve 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. 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 (>5%) include:

- Bleeding from the wound or chest cavity. This may require a blood transfusion.
- Heart rhythm changes, which are usually temporary and will need drug treatment.
- Short term memory loss, difficulty with concentration and reading, and visual blurring may occur for a few weeks after the surgery.
- Chest wall pain which may be temporary or ongoing after surgery.
- Breathlessness and easy tiring will occur in most patients. This may be temporary or permanent.
- The wound may not heal normally. The wound can thicken after 1-2 months and turn red. The scar may become painful.
- Numbness of the left side of the chest due to harvesting the donor artery.
- 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.

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

- Lung collapse. Occasionally a tube will be placed between the ribs to remove air or fluid from the chest to improve breathing. This is more common in smokers or those with previous lung conditions.
- Kidney failure is likely in patients who have existing kidney problems. This may require dialysis.
- Infection in the chest, breastbone, blood, leg or arm wounds. This will require antibiotics.
- Heart attack. This may be mild or serious.
- The graft may become blocked with a blood clot. This may require further treatment.
- Leaking of a valve, or when the valve fails to work effectively. This will require further surgery.
- Respiratory failure. This may need drug treatment or a tracheostomy.
- Changes in heart rhythm. A permanent pacemaker may need to be inserted.
- Bacterial Endocarditis. This is an infection of the inner lining of the heart including the valves. This is a serious condition and will require a long course of antibiotics.
- Blood transfusion. The spread of infectious germs from the donor blood is quite rare.
- A stroke. This can cause long term disability.
- Death is possible due to this procedure.



Queensland Government

Coronary Artery Bypass Graft and/or Valve Surgery

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

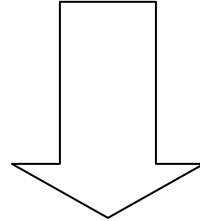
Sex: M F I

D. Significant risks and procedure options

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

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

- This consent document continues on page 3 -



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)

.....
.....
.....
.....
.....
.....
.....
.....
.....

DO NOT WRITE IN THIS BINDING MARGIN



Queensland Government

Coronary Artery Bypass Graft and/or Valve 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**
- Coronary Artery Bypass Graft and/or Valve 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: _____

Consent Information - Patient Copy

Coronary Artery Bypass Graft and /or Valve Surgery

1. What is a coronary artery bypass graft and/or valve surgery?

During Coronary Artery Bypass Surgery, Valve surgery and reconstruction of your heart, 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. Once the surgery is completed, the heart-lung bypass machine is stopped and your heart starts beating again.

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.

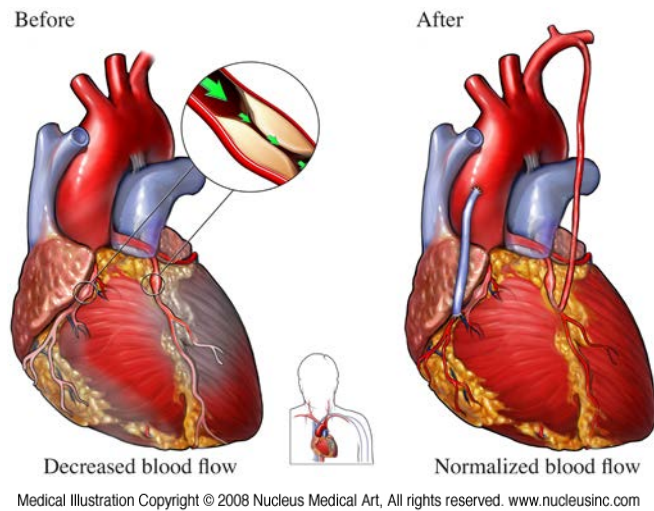
This surgery is not a total cure and you will almost certainly be on medication for the long term.

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

You may have any or all of the following procedures (Please tick):

Coronary Artery Bypass Graft Surgery (CABG)

This involves using veins from your leg or arteries from inside your chest or from your arm to bypass blockages in the arteries which deliver blood and oxygen to heart muscles. These blockages cause chest pain (Angina) or heart attacks (Myocardial Infarction).



Valve Surgery (Aortic/Mitral/Tricuspid)

Heart Valves allow blood to pass through the heart in only one direction. They may be narrowed or leaking and may be repaired or replaced by mechanical or tissue (pig or calf) valves. Very rarely, a human valve will be used.

CABG and Valve Surgery

This is a combination of the above procedures.

Reconstruction of Damaged Heart

In rare cases, damage to the heart muscle requires reconstruction with artificial materials or removal of the damaged heart muscle.

Echocardiogram

During the operation, an echocardiogram may be performed to assess whether the heart valve can be repaired or has to be replaced. It may also be used at the end of the procedure to assess the function of the heart or to check the result of the repair or replacement.

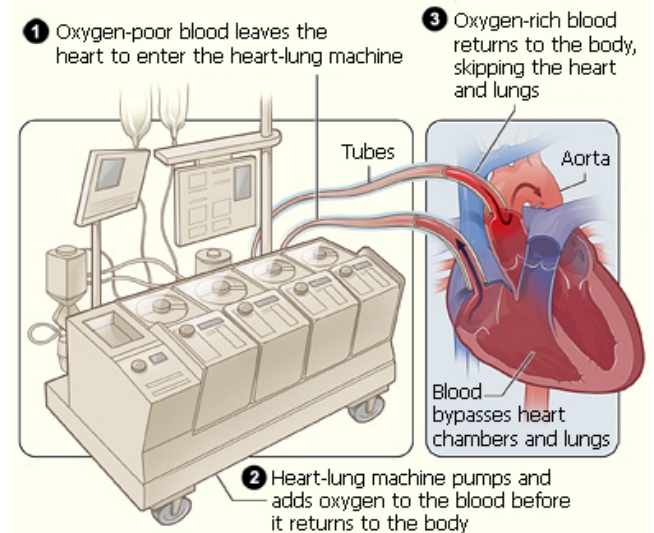


Fig 1. National Heart, Lung and Blood Institute.

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. 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 (> 5%) include:

- Bleeding from the wound or chest cavity. This may require a blood transfusion.

