

Kardiologie

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Consent Form

For cardiac catheter examination and treatment of constricted or blocked coronary vessels (balloon dilation and the like)

Dear Patient

I was informed about the planned intervention with cardiac catheter and agree to it.

I was, in particular, informed about the purpose of the intervention and the procedure. I am well aware of the risk associated with it. I know that in rare cases of cardiac catheter examinations, bleeding e.g. at the injection site, and disorders of cardiac rhythm can occur which require treatment. Other serious complications (severe allergy to drugs used, circulatory disorders of the legs, clot formation in the arteries, kidney disorders, strokes etc.) are very rare and occur in less than 1 percent of the examinations.

If the physician advises a catheter treatment of the constricted coronary arteries (balloon dilation and the like) after imaging of the coronary vessels, I would agree to it and avoid wasting any further time to think over it. I have been informed about the purpose, the chances of success, the risk and other treatment options. I know that a constriction of blood vessels can very rarely cause a cardiac circulatory disorder and because of a possible heart attack rarely requires an immediate bypass surgery.

While performing the catheter treatment, my physician will take measures depending on the situation to achieve the best possible result. In most cases, a very fine metal mesh is inserted to support the vessel from the inside (stent). The stent grows in the vessel without any repulsion. I know that I need to take antiplatelet medication for a few months to avoid the formation of clot in the stent. In 5-10 percent of the interventions, in the first few months the reconstruction of heart vessels can occur (a so-called restenosis), because of which a re-treatment or a bypass surgery becomes necessary.

The procedure or examination is performed under X-ray radiation. Consequently there is a certain radiation exposure, that however is kept as low as possible. Based on general considerations, in case of pregnancy this kind of examination should only be performed in emergency cases.

I have understood the information passed on to me. My questions were satisfactorily answered.

Space for your notes:

Please contact us,

if you do not understand something or if something seems to be important that was not mentioned in this document or in the personal consultation with your doctor.

Consent to data collection and transfer to the SwissCaRe National Quality Register

I agree that personal data relating to my procedure and my medical history, including my surname, first name, gender and date of birth, may be collected for quality assurance and transmitted to the SwissCaRe National Quality Register. I have been informed of the scope and purpose of the data transmission by means of the patient information document on the SwissCaRe quality register, version 1/2022. Any questions were answered. I was explained that my decision whether or not to consent to the data transfer to the registry has no influence on my treatment. I know that I can revoke this consent at any time, without giving reasons.

- YES, I agree that my personal data will be transmitted to SwissCaRe
- NO, I do not want my personal data to be transmitted

Declaration of consent

Dr. med.

held an informed consent discussion with me. I have understood the information provided to me and could make all the pertinent questions. After sufficient time to think and answering of all my questions I hereby declare myself ready for the proposed therapy. I express my consent for any follow-up procedures that may become necessary.

Signature of patient: _____

Signature of doctor: _____

Place and date: _____