

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear) coronary angiogram +/- angioplasty

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits to restore blood flow to the heart muscle

Significant, unavoidable or frequently occurring risks (including the risk of death)

bleeding, kidney damage, arrhythmia  
MI, stroke, death

All surgery carries a risk of infection. Some patients (such as those with reduced immunity due to their illness or as a side-effect of their treatment) and some types of operation carry a higher risk of such infection than others. In some instances an infection acquired during operation can have a serious impact on your quality of life and even lead to death. Your surgeon will inform you if your operation is associated with specific risks and / or you have a condition which makes you particularly susceptible.

Any extra procedures which may become necessary during/after the procedure (please circle or add text)

☐ Blood transfusion (NHS BT leaflet 'Will I need a blood transfusion?' provided)

☐ Admission to intensive care following the procedure / operation / intervention.

You are likely to need sedation whilst in the Intensive Care Unit / Recovery. The requirement for sedation will be reviewed on a daily basis by a senior member of the intensive care team and adjusted or stopped dependent on your condition and progress.

☒ Other procedure (please specify) surgery

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

☐ The following leaflet has been provided

This procedure will involve:

☐ General and/or regional anaesthesia

☒ Local anaesthesia

☐ Sedation

Signed [redacted]

Date 18/11/19

Name (PRINT) [redacted]

Job title SPR

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed

Date

Name (PRINT)

Top copy to patient (pink)