



**CONSENT FORM
FOR
MITRAL OR AORTIC VALVE
REPAIR / REPLACEMENT**

Med Rec. No.....
Surname:.....
Forename:
DOB:.....

AFFIX LABEL HERE

PROPOSED TREATMENT

The doctor has explained that I, *(name of patient)*
have the following condition.....
and that a **mitral or aortic** *(delete as appropriate)* **valve repair or replacement** is proposed:

This means repairing or replacing the diseased heart valve. The surgeon may only be able to decide on the details of the procedure during the operation.

Under a general anaesthetic, the chest is opened through the breastbone. A special pump takes over the work of the heart and lungs to oxygenate the blood and pump it round the body. While the machine is being used, the body is cooled to protect important tissues.

The heart is then stopped and the diseased valve assessed, and if possible, repaired. Alternatively, a replacement artificial valve is stitched into place. The heart is closed, any air is removed from the heart and it is restarted. Once the circulation is satisfactory, the pump can be removed.

One or more chest drains may be left in the chest temporarily to help the lungs re-expand and drain any secretions. Two pacing wires are also left in the heart as a precaution in case the heart rhythm needs to be controlled in the early postoperative days. The breastbone is wired together and the skin wounds closed.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your surgeon if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic** *(see separate Anaesthetic Consent Form)*.

I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand **mitral/aortic valve repair or replacement** has the following **specific risks and limitations**:

- My operation site may bleed and I may need to go back to theatre if this does not stop.
- I may need a blood transfusion
- I may develop areas of lung collapse that may make me more likely to get a lung infection. I will have active breathing exercises and physiotherapy to help re-expand the lung tissue and reduce this risk.
- If fluid collects around my lung or occasionally around my heart, it may need to be drained using a needle guided into the right position by X ray screening.
- I may have palpitations, especially a rapid rhythm called atrial fibrillation. This can be controlled with temporary pacing (electrical stimulation) or medication if necessary
- Occasionally my kidney function may be reduced. This usually improves over some days.
- The wound in my chest may become infected.
- Particularly if the valve is replaced, I may need to take drugs to stop blood clots forming on the new valve. This may be necessary for the rest of my life
- Rarely, my new valve itself may need replacement in time, requiring a second operation.
- There is a small risk I may have a stroke.
- There is a small risk I may die.

[HOSPITAL]

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RISKS CONTINUED:

INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

DECLARATION BY PATIENT

- I acknowledge the thoracic surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the thoracic surgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my thoracic surgeon during this operation.
- I consent to a **blood transfusion**, if needed (*patient to circle and initial choice*) **YES NO**
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist thoracic surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.

Signature of patient _____ Date _____

If the patient is an adult and unable to give consent, a proxy form must be completed and attached

DECLARATION BY DOCTOR

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature _____ Date _____

Doctor's name _____
(print name)

INTERPRETER'S DECLARATION - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's signature _____ Date _____

Interpreter's name _____
(please print)