



**CONSENT FORM
FOR
CORONARY ARTERY
BYPASS GRAFT**

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 **coronary artery bypass graft/s** is/are proposed:

This means creating a bypass for blocked or narrowed blood vessels in the heart using veins and/or arteries from elsewhere in the body.

Under a general anaesthetic, the chest is opened through the breastbone. If a leg vein (saphenous vein) is being used for the graft, a second surgical team usually removes this through one or more cuts on the inside of the leg.

The surgeon exposes the heart and a special pump takes over the work of the heart and lungs to oxygenate the blood and pump it round the body. The body is cooled to protect important tissues and organs. The heart is stopped just while the grafts are sewn into place. Sometimes, the grafts may be completed without using a bypass pump. (*Your surgeon will tell you if this applies to you*).

One or more chest drains may be left in the chest temporarily to help the lungs re-expand and drain any secretions. Two wires may be left in the heart in case rhythm control is necessary in the early period after the operation. 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 cardiothoracic 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 **coronary artery bypass graft** has the following **specific risks and limitations**:

- The operation site may bleed and I may need to go back to theatre to control the problem.
- 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 my heart, it may have to be drained using a needle, guided into the right place by X ray screening.
- I may have palpitations, especially a rapid rhythm called atrial fibrillation. This can be controlled with medication, if necessary.
- The wound in my chest or the wound(s) in my leg may become infected
- Occasionally my kidney function may be reduced. This usually improves over some days.
- There is a small risk I may have a stroke.
- There is a risk I may need a blood transfusion.
- There is a small risk I may die.

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:

.....
.....

[HOSPITAL]

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DECLARATION BY PATIENT

- I acknowledge the cardiothoracic 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 cardiothoracic 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 cardiothoracic 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 cardiothoracic 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)