



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent: Cerebral Angiography with Possible Percutaneous Transluminal Angioplasty and/or Stent Placement with Moderate Sedation or Anesthesia

This information is given to you so that you can make an informed decision about having a **Cerebral Angiography with Possible Percutaneous Transluminal Angioplasty and/or Stent Placement with moderate sedation or anesthesia.**

Reason and Purpose of the Procedure:

In this procedure, a dye is sent into your bloodstream. This helps the doctor watch blood flow to your brain. The doctor may see blocks or narrow arteries. The doctor may use a balloon inflated in the area of narrowing to open up the artery, stent (a tiny tube-like device) placed in the artery to keep it open, or other method to fix the problem.

Benefits of this Procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Diagnose intracranial vascular disease. Help decide the best way to treat the disease.
- If you have intracranial blood vessel blockage, a balloon, stent, or other method may relieve the symptoms caused by the blockage.

Risks of this Procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

- Bruising and/or swelling at the puncture site. This may need surgery.
- Blood loss. Fluids or a blood transfusion may be needed.
- Abnormal heart rhythms. Fluids, medicines or permanent pacing may be needed.
- Infection. Antibiotics or other treatment may be needed.
- Allergic reaction to the contrast or dye. Fluids and /or medications may be needed.
- Stroke.
- The procedure may not cure or relieve your condition.
- After treating a stenosis, it may recur in the future and need another procedure.
- Additional tests or treatment may be needed.
- Loss of kidney function. This may require fluids and medications or other treatments.
- Emergency surgery.
- Death may occur.
- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you.

Risks Associated with Smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Associated with Obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Specific to You:

Alternative Treatments:

Other choices:

- Observation.
- Medicine(s) to relieve symptoms.
- Do nothing. You can decide not to have the procedure

If You Choose Not to Have this Treatment:

- Your symptoms may get worse.

Information on Moderate Sedation:

You will be given medicine in an IV to relax you. This medicine will also make you more comfortable. This is called “moderate sedation”. You will feel sleepy. You may even sleep through parts of your procedure. We will monitor your heart rate and your blood pressure. We will also monitor your oxygen level.

If your heart rate, blood pressure or oxygen levels fall outside the normal range, we may give medications to reverse the sedation. We may be unable to reverse the sedation. We may need to support your breathing. Even if you have a NO CODE status:

- You may need intubation to support your breathing.
- You may need medications to support your blood pressure.

We will re-evaluate your medical treatment plan and your NO CODE status when sedation has cleared your body.

Benefits of Moderate Sedation:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Less pain during the procedure
- Less anxiety or worry
- Decreasing your memory of the procedure

Risks of Moderate Sedation:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect. The list includes:

- Decreased breathing during the procedure and dropping oxygen levels. To help you breathe, a tube may be placed into the mouth or nose and into the trachea to help you breathe.
- Allergic reactions: nausea & vomiting, swelling, rash.
- Vomit material getting into the lungs.
- A drop in blood pressure. This needs fluids or medicine to increase blood pressure.



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- Heart rhythm changes that may require medicines to treat.
- Not enough sedation or analgesia resulting in pain or discomfort.

Your physical and mental ability may not be back to normal right away. You should not drive, or make important decisions for at least 24 hours after the procedure

General Information:

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure, the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

Medical Implants/Explants:

I agree to the release of my social security number, my name and address, and my date of birth to the company that makes the medical device that is put in or removed during this procedure. Federal laws and rules require this. The company will use this information to locate me, if needed.



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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: **Cerebral Angiography with Possible Percutaneous Transluminal Angioplasty and/or Stent Placement with moderate sedation or anesthesia** _____
- I understand that my doctor may ask a partner to do the procedure.
- I understand that other doctors, including medical residents, or other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. If so, please obtain consent for blood/products.

Patient Signature: _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian/POA Healthcare

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back:

Patient shows understanding by stating in his or her own words:

_____ Reason(s) for the treatment/procedure: _____

_____ Area(s) of the body that will be affected: _____

_____ Benefit(s) of the procedure: _____

_____ Risk(s) of the procedure: _____

_____ Alternative(s) to the procedure: _____

OR

_____ Patient elects not to proceed: _____ Date: _____ Time: _____

(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____