



Affix Patient Label

Patient Name:

DOB:

Informed Consent IVC Filter Placement

This information is given to you so that you can make an informed decision about having an **inferior vena cava filter placed**.

The physician will use ultrasound and fluoroscopy to guide placement of a needle into a large vein in your groin or neck. The needle will be replaced by a wire, and then a hollow tube called a diagnostic catheter will be advanced into your inferior vena cava, the large blood vessel that returns blood to your heart from your legs and pelvis. X-ray contrast will be injected and pictures will be taken to determine the optimal size of the filter and best location to place the filter. The diagnostic catheter will be replaced over a wire with the system used to deliver the filter. The filter will be deployed and follow up imaging obtained to verify the correct location of the filter.

Local anesthetic will be injected at the insertion site and you will be given some intravenous relaxing medication and pain medicine during the procedure. For most patients, the procedure is well tolerated and nearly painless. Some patients will have moderate discomfort.

Some filters are designed to be retrieved within a few months of placement. Your physician will discuss with you whether you are a candidate for this type of filter.

Reason and Purpose of the Procedure

To prevent blood clots from traveling from your legs and pelvis to your lungs. Blood clots in your lungs would keep your lungs from delivering oxygen to your blood and would make you short of breath.

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.

- Keep large blood clots from reaching your lungs. (Even with a filter in place, it is still possible for some clots to reach the lungs.)
- Allow time for your body to dissolve any blood clots currently in your lungs, legs or pelvis
- Decrease the chance of dying from blood clots traveling to the lungs.
- _____

Risks of 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.

General risks of IVC filter placement

- **Filter complication:** The filter can migrate to an unexpected location such as the lung arteries or the heart. This could require surgery or another radiology procedure to remove the filter.
- **Filter complication:** The filter may become so clogged with blood clots that blood cannot easily return to your heart from your legs. This will cause your legs to swell. It may be possible to treat this with a clot dissolving medication.
- **Filter complication:** The filter can break, puncture an adjacent organ or blood vessel, or become infected.
- **Filter complication:** In some cases, it is not possible to remove a retrievable filter.

- **Complication of the x-ray contrast:** You could have an allergic reaction. Most reactions are mild and easily treated, but very rare deaths have been reported. If you have poor kidney function, the x-ray contrast could cause kidney function to get worse.
- **A blood clot could form in the vein at the site the filter is placed.** This might need treatment with blood thinning medicine.
- **Bleeding from the puncture site (rare).**
- **Injury to adjacent vessels or nerves or organ near the puncture site (rare).**
- **Complications from sedation medicine:** You may have low blood pressure. You may have breathing problems including slow breathing and choking on vomit (aspiration). If you are sedated you will be monitored by a nurse and given oxygen to breath.

Risks Specific to 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.

Alternative Treatments

Other choices:

- Do nothing.
- Take the risk of receiving blood thinners

If You Choose Not to Have this Treatment

- Future blood clots could be fatal or cause worse lung function and shortness of breath.

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.
- Radiology images will be obtained. They will be part of my medical record. These may be published for teaching purposes. My identity will be protected.

Patient Name: _____

DOB: _____

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: **Placement of an IVC Filter**
- I understand that my doctor may ask a partner to do the surgery/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/product.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

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

Interpreter: _____ Date _____ Time _____

*Interpreter (if applicable)***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

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.

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: _____