



Queensland Government

Electrophysiology Study (EPS) with or without Ablation Consent

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

This consent form and patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.

A. Does the patient have capacity to provide consent?

Complete for ADULT patient only

- Yes → **GO TO** section B
 No → **COMPLETE** section A

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

Complete for CHILD/YOUNG PERSON patient only

- Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure and the consequences of non-treatment – 'Gillick competence' (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112). See the 'Guide to Informed Decision-making in Health Care' www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare for further information.

→ **GO TO** section B

- No Parent/legal guardian/other person* with parental rights and responsibilities to provide consent and complete this form.

→ **COMPLETE** section A

*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health 'Guide to Informed Decision-making in Health Care' and local policy and procedures. Complete the source of decision-making authority as applicable below.

Name of parent/legal guardian/other person:

Relationship to child/young person:

B. Is an interpreter required?

- Yes No

If yes, the interpreter has translated:

- in person over the telephone

A verbal translation is a summary of the form.

Name of interpreter:

National Accreditation Authority for Translators and Interpreters (NAATI) code:

Language:

C. Procedure details

I confirm that the doctor has informed me about the following procedure(s) and I consent to:

- Electrophysiology Study (EPS): Yes
Ablation: Yes No

Site/side of procedure:

D. Risks specific to the patient in having an Electrophysiology Study (EPS) with or without ablation

(Doctor to document additional risks not included in the patient information sheet)

E. Risks specific to the patient in *not* having an Electrophysiology Study (EPS) with or without ablation

(Doctor to document specific risks in not having an Electrophysiology Study [EPS] with or without ablation)

DO NOT WRITE IN THIS BINDING MARGIN

v1.00
Clinical content review: 2024
Clinical check: 06/2024
Published: 06/2024



SW9637

EPS WITH OR WITHOUT ABLATION CONSENT



(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Electrophysiology Study (EPS) with or without Ablation Consent

F. Alternative procedure options

(Doctor to document alternative procedure not included in the patient information sheet)

I have received the following consent and patient information sheet(s):

- 'Electrophysiology Study (EPS) with or without Ablation'
- 'About Your Anaesthetic' (*Adult patient only*)
- 'About Your Child's Anaesthetic' (*Child/young person patient only*)
- Other (*specify*):

On the basis of the above statements,

I consent to having an Electrophysiology Study (EPS) with or without ablation.

Name of patient/substitute decision-maker/parent/legal guardian/other person:

Signature:

Date:

If the patient is a child/young person:

- I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this procedure (*not applicable if the child/young person is Gillick competent and signs this form*).

H. Doctor confirms

I have explained to you the contents of this form and am of the opinion that the information has been understood.

Name of doctor:

Designation:

Signature:

Date:

I. Clinical student involvement

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to my consent, assist with/conduct an examination or procedure on me/the patient while under sedation or anaesthetic.

I consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s): Yes No
- assist with examination(s)/procedure(s): Yes No
- conduct examination(s)/procedure(s): Yes No

Note: you will also have the opportunity to say yes or no to student involvement, on the day of your procedure.

For further information please see www.health.qld.gov.au/consent/students

G. Acknowledgment and consent

I acknowledge that the doctor has explained and I understand:

- the 'Electrophysiology Study (EPS) with or without Ablation' patient information sheet
- the medical condition and proposed procedure, including the possibility of additional treatment
- this procedure requires sedation or general anaesthetic
- the specific risks and benefits of the procedure
- the prognosis and risks of not having the procedure
- alternative procedure options
- that there is no guarantee the procedure will improve the medical condition
- that if an immediate life-threatening event happens during the procedure:
 - for an adult patient, health care will be provided based on their AHD (Advance Health Directive) or ARP (Acute Resuscitation Plan). If no AHD or ARP is in place, health care will be provided in accordance with good clinical practice and the *Guardianship and Administration Act 2000 (Qld)*
 - for a child/young person, health care will be provided in accordance with good clinical practice and in the best interests of the patient
- that a doctor other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor undergoing further training under supervision
- that if the doctor wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.
- I was able to ask questions and raise concerns with the doctor.
- I understand I have the right to change my mind regarding consent at any time, including after signing this form.

Electrophysiology Study (EPS) with or without Ablation

Adult and Child/Young Person
 Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

This patient information sheet has been given to you to read carefully and allow time to ask your doctor any questions about this procedure. Your doctor will include the consent form and a copy of this patient information sheet in your medical record.

This patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.



1. What is an Electrophysiology Study (EPS) with or without ablation and how will it help me?

An **Electrophysiology Study (EPS)** is a test performed to assess the source and type of abnormal heart rhythm (arrhythmia) you have. You may have been referred for an EPS to find a cause for rapid or irregular heartbeat, dizziness, blackout, or if an abnormality was found on your Electrocardiogram (ECG), Holter monitor or Loop recording.

An EPS allows the doctor to determine whether your heart is susceptible to abnormal heart rhythms, and if they are found, determine what they are, and where they originate.

This is done using specialised mapping catheters, which are passed through the vein from your groin (or neck) into the heart. Using x-rays, and/or 3D mapping technology (electrical and/or magnetic) the doctor can view the location of the catheter while it records electrical signals from the heart. These catheters can also “pace” the heart to allow the procedure staff to start, stop and diagnose the abnormal heart rhythms.

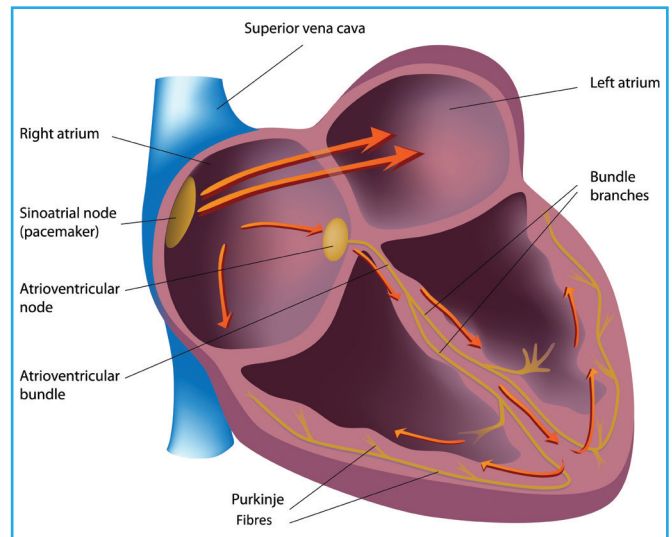


Image: Electrical pathways of the heart. ID: 76386151 (adapted). www.shutterstock.com

During the study your symptoms may come back. This is what the doctor wants to happen, as it helps locate the source of the problem.

Ablation is the delivery of extreme heat or cold to the inside of the heart, to scar problematic tissue that may be the source of your abnormal heart rhythm or part of its circuit. There are two types of ablation, Radiofrequency Ablation (RFA) and cryoablation.

Radiofrequency ablation uses high frequency energy to heat and scar (ablate) the small area of problematic tissue.

Cryoablation uses extreme cold to ablate a small area of problematic tissue.

The type of ablation will be decided by your treating team.

If the procedural clinicians are unable to find an abnormal heart rhythm, the doctor will talk to you about whether you need further treatment.

DO NOT WRITE IN THIS BINDING MARGIN

Electrophysiology Study (EPS) with or without Ablation

Adult and Child/Young Person

Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Preparing for the procedure

The Cardiology department will give you instructions on how to prepare for the procedure. It is important to follow the instructions that are given to you. Your procedure might be delayed if you don't follow all the preparation steps.

Cardiology staff will notify you beforehand if you are required to stop taking any blood-thinning medication.

This procedure will require the use of a local anaesthetic and possibly a mild sedation.

Do not drink alcohol, smoke, vape or take recreational drugs for at least 24 hours before the procedure as these may alter the effects of the sedation anaesthetic.

If you received sedation and are being discharged on the same day, you cannot drive and you must have someone available to escort you home.

Please tell the doctor if you:

- are breastfeeding or pregnant, or suspect that you may be pregnant
- have a drug or medication dependence.

On the day of your procedure

- Nothing to eat or drink ('nil by mouth'): you will be told when to have your last meal and drink. Do NOT eat (including lollies), drink or chew gum after this time otherwise your procedure may be delayed or cancelled. This is to make sure your stomach is empty so that if you vomit, there will be nothing to go into your lungs.
- If you take medicines, most should be continued before a procedure and taken at the usual time, even on the day of the procedure, with a sip of water. There are some important exceptions:

- your doctor will provide specific instructions about your medicines
- take to the hospital all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements. This may include and is not limited to blood-thinning medicines, the contraceptive pill, antidepressants and/or medicines for treating diabetes (e.g. insulin).
- If you feel unwell, telephone the Cardiology department for advice.
- Tell your doctor if you have:
 - health problems (e.g. diabetes, high blood pressure, infectious diseases, serious illnesses), including if undergoing regular treatment
 - had previous problems and/or known family problems with anaesthesia
 - false teeth, caps, loose teeth or other dental problems
 - allergies/intolerances of any type and their side effects.
- You will be required to change into a hospital gown and remove some of your jewellery. Your belongings will be kept in a safe location during the procedure.

Sedation

Sedation is the use of medicines that help make you feel relaxed and drowsy for your procedure. You may remember some or little about what has happened. You may still be aware of your surroundings and should be able to follow simple instructions, such as holding your breath, when instructed by the doctor.

If you are booked for an anaesthetic or sedation, please read the information sheet *About Your Anaesthetic (for adults)* or *About Your Child's Anaesthetic (for child/young person)*. If you do not have one of these information sheets, please ask for one.

Electrophysiology Study (EPS) with or without Ablation

Adult and Child/Young Person

Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

For a substitute decision-maker/parent/legal guardian/other person of a child/young person/adult without capacity to consent to having an EPS with or without ablation

To prepare the patient for this procedure and to ease their concerns, tell them what they can expect to happen during the procedure. This information sheet will assist you with this.

We welcome your help and support in preparing the patient for the procedure and in explaining why it's so important to lie still.

At the discretion of the procedure staff:

- a parent/adult (unless pregnant) may be invited into the procedure room to support the patient
- if the patient is having a general anaesthetic, you may be able to see them off to sleep. Once they are asleep, you will be asked to leave the procedure room and wait in the waiting area.

Other children are not allowed into the procedure room, and they must be supervised at all times by another parent/adult.

During the procedure

You will be transferred to the procedure room from your ward. The procedure room has a patient table, imaging equipment, Electrocardiogram (ECG) monitors, and other equipment.

Routine observations will be measured before and during the procedure. These may include cardiac rhythm, blood pressure, heart rate, respiratory (breathing) rate and oxygen levels.

ECG monitoring electrodes will be placed on your chest to monitor your heart.

An intravenous (I.V.) cannula will be inserted into a vein, usually in your hand or arm. This is for any medication or fluids required during the procedure, including sedation or general anaesthetic.

The skin over your groin area and/or neck will be cleaned and a sterile drape cover your body. The doctor will use local anaesthetic to numb the skin and then make a small cut where the needle enters.

When you are under sedation (or general anaesthetic) the vein in your groin (or neck) will be accessed with a needle. Special wires and catheters will be inserted into the vein and guided to your heart through the vessels using ultrasound and x-ray imaging. Occasionally, iodinated contrast (x-ray dye) may be used to show the vessels.

Blood-thinning medication will be administered during the procedure.

Electrophysiology Study (EPS) is performed using special mapping catheters.

The doctor will use electrical impulses to make your heart beat at different speeds, to start, stop and diagnose an abnormal heart rhythm. You may feel like your heart is beating stronger or faster during this testing or experience the same symptoms which led you to have the EPS. Information collected allows the procedure staff to locate either the source of your abnormal rhythm or the abnormal part of its electric circuit.

A doctor carefully destroys (ablates) the problematic tissue using a special catheter that delivers energy to scar the tissue and to stop it sending abnormal signals.

Electrophysiology Study (EPS) with or without Ablation

Adult and Child/Young Person

Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A successful ablation will either cure your abnormal heart rhythm, or make it less likely to occur.

During the ablation a mild burning feeling may be felt in the chest when the abnormal pathway is being disconnected. This burning feeling will lessen when the ablation stops.

Once the procedure is complete, the catheter will be removed. Firm pressure will be placed over the area where the catheter went into your skin (puncture site). This allows the vein to seal over so you will not continue to bleed. Once the bleeding has stopped, a small dressing will be applied to the puncture site. After the procedure is complete, you will be transferred from the procedure room to a recovery area.

Your observations and puncture site will be monitored regularly for swelling, oozing of blood, and bruising.

You may be required to rest in bed for up to 2 hours. Moving too soon after this procedure may cause bleeding at the puncture site.

Once your observations are stable, you will be transferred to a ward.

You may eat and drink after your procedure unless otherwise advised.

If the I.V. cannula is no longer required, it will be removed after you have recovered.



2. What are the risks?

In recommending the procedure, the doctor believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients – these are set out below.

Your doctor will discuss any additional risks, specific to your individual condition and circumstances, with you. These should be written on the consent form before you sign it.

Common risks and complications

- mild bruising, swelling or discomfort may occur around the puncture site
- bleeding or bruising is more common if you have been taking blood-thinning medicines, such as warfarin, aspirin, clopidogrel (Plavix, Iscover), prasugrel, dipyridamole (Persantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric.

Uncommon risks and complications

- abnormal heartbeat or arrhythmia
- heartblock (problem with electrical impulses of the heart), this may require a pacemaker
- inflammation of the heart lining called pericarditis
- a hole is accidentally made in the heart or heart valve. This will need surgery to repair
- chest pain
- damage to heart muscle, heart valves or blood vessels that may require surgery
- major bruising or swelling at the puncture site. This (rarely) may need surgery
- blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs
- skin injury from radiation. This may cause reddening of the skin or temporary epilation (hair loss)
- the procedure may not be possible due to medical and/or technical reasons.

Electrophysiology Study (EPS) with or without Ablation

Adult and Child/Young Person
Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Rare risks and complications

- (*iodinated contrast only*) allergic reactions rarely occur, but when they do, they occur within the first hour, with most happening in the first five minutes. Late reactions have been known to occur up to 1 week after the injection, but these delayed reactions are mild
- heart attack
- accidental tear or puncture of the artery. This may require surgery to repair
- a stroke. This may cause long-term disability
- a punctured lung. This may require a tube to be put in to the chest to reinflate the lung
- death as a result of this procedure is rare.

If a general anaesthetic or sedation is given, extra risks include:

- faintness or dizziness, especially when you start to move
- fall in blood pressure
- nausea and vomiting
- weakness
- heart and lung problems, such as a heart attack or pneumonia
- stroke resulting in brain damage.

Iodinated contrast and risk to kidney function

Contrast is removed from the blood by the kidneys through the urine. You may be asked to have a blood test to find out how well your kidneys are functioning. The risk of kidney injury from the contrast used in this procedure is very low.

In patients with severe renal impairment or acute kidney injury, careful weighing of the risk versus the benefit of iodinated contrast, needs to be undertaken. However, having severe renal impairment does not mean that giving iodinated contrast should not be given if medically indicated¹. Your treating doctor will discuss your specific circumstances with you.

Risks of radiation

The risks of radiation exposure from this procedure need to be compared to the risks of your condition not being treated. Exposure to radiation may cause a slight increase in the risk of cancer to you over your lifetime. However, the potential risk is small compared to the expected benefit of this procedure².

What are the risks of not having an EPS with or without ablation?

There may be adverse consequences for your health if you choose not to have the proposed procedure. You and your doctor should discuss these.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure.



3. Are there alternatives?

An alternative may be available. Your doctor will discuss the most appropriate strategy for your circumstances.

Possible tests instead of EPS may include:

- ECG
- Holter monitor
- exercise stress test.

Electrophysiology Study (EPS) with or without Ablation

Adult and Child/Young Person
Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A possible alternative to ablation is life-long medication.

Making the decision to have a procedure requires you to understand the options available. Your doctor will discuss any alternative procedure options and their risks or benefits with you, before signing the consent form.



4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital.

If you had sedation or an anaesthetic, this will affect your judgement for about 24 hours. For your own safety:

- Do NOT drive any type of car, bike or other vehicle.
- Do NOT operate machinery including cooking equipment.
- Do NOT make important decisions or sign a legal document.
- Do NOT drink alcohol, smoke, vape or take recreational drugs. They may react with the anaesthetic medications.

Go to your nearest Emergency department or GP (your local doctor) if you become unwell.



5. Who will be performing the procedure?

Doctors, cardiac scientists, radiographers, sonographers, pharmacists, nurses, patient support officers and administration staff make up the cardiology team. All or some of these professionals may be involved in your journey.

A doctor other than the consultant/specialist may assist with/conduct your procedure. This could include a registered doctor who is undergoing further training. All trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor will be performing your procedure, please discuss this with the doctor.

Clinical students

For the purpose of undertaking professional training in this teaching hospital, subject to your consent, a clinical student(s) may observe medical examination(s) or procedure(s). A clinical student may also, subject to your consent, assist with/conduct a clinically necessary examination or procedure on you while you are under the influence of anaesthetic.

You are under no obligation to agree to an examination(s) or a procedure(s) being observed or undertaken by a clinical student(s) for training purposes. If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way.

For more information on student care, please visit www.health.qld.gov.au/consent/students



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

Electrophysiology Study (EPS) with or without Ablation

Adult and Child/Young Person

Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Queensland Health respects the privacy of patients and their families. To learn more about health records and personal information visit our website www.health.qld.gov.au/system-governance/records-privacy/health-personal

You can also see a list of blood-thinning medications at www.health.qld.gov.au/consent/bloodthinner

Further information about informed consent can be found on the Informed Consent website www.health.qld.gov.au/consent. Additional statewide consent forms and patient information sheets are also available here.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss this with your doctor.

Queensland Health recognises that First Nations Peoples' culture must be considered in the patient's clinical care to ensure their holistic health and individual needs are met.

7. Questions

Please ask the doctor if you do not understand any aspect of this patient information sheet or if you have any questions about your proposed procedure.

If you have further questions prior to your appointment, please contact the Cardiology department via the main switchboard of the facility where your procedure is booked.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.

References:

1. Iodinated Contrast Media Guideline, V2.3 The Royal Australian and New Zealand College of Radiologists, March 2018. Available from www.ranzcr.com/college/document-library/iodinated-contrast-guidelines-2016
2. Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). Ionising radiation in our everyday environment, 2021. Available from www.arpansa.gov.au