



Royal Papworth Hospital
NHS Foundation Trust

Right heart catheterisation

Patient's guide and
consent form

Introduction

This guide is for patients who are having a right heart catheter. It explains what is involved and any risks associated with the procedure. A right heart catheter is a medical procedure to measure the pressures inside your heart and the main blood vessels of your lungs and to measure blood flow through the lungs (in litres per minute).

Why might I need a right heart catheterisation?

A right heart catheter can help to diagnose or manage conditions such as heart failure, congenital heart disease, pulmonary hypertension or heart valve disease. You may also need a right heart catheter if you are being evaluated for a heart or lung transplant.

Preparation for the procedure

This is usually performed as an outpatient or day case procedure. If you are coming in for an outpatient right heart catheter, we suggest you do not take any diuretic (water tablet) on the morning of the procedure. Anticoagulant (blood-thinning) medications such as Warfarin, Rivaroxaban, Apixaban, Edoxaban or low molecular weight heparin may need to be stopped before the procedure. Please contact the Transplant Continuing Care Unit in the week before the procedure for advice.

What does the procedure involve?

The test is performed in the catheter laboratory and will last approximately 30 minutes or less. The room is a little cold to prevent the equipment from over-heating.

You will need to lie flat on a movable table beneath an X-ray machine. The heart rhythm is monitored throughout the procedure. Local anaesthetic is injected to numb the skin. Using a needle a small plastic tube (sheath) is inserted into a vein in the neck or occasionally in the groin. A catheter tube is then inserted through the sheath and guided into the heart and lung arteries. The pressure is measured throughout the procedure. Blood samples are obtained to measure oxygen

saturation. You may be asked to hold your breath at times if you are able. A saline solution is injected through the catheter to measure the blood flow.

What are the risks of having a right heart catheter?

Right heart catheterisation is a low-risk procedure. Complications may occur in approximately 1 in 100 patients.

These include:

- Bruising, bleeding, or damage to an artery at the site where the sheath is inserted
- Temporary numbing of nerves at the site where the sheath is inserted
- Puncture to the lung causing collapsed lung (pneumothorax)
- Fainting reactions and low blood pressure
- Temporary disturbances of heart rhythm
- Pulmonary embolism
- Perforation of the wall of the heart or pulmonary artery and cardiac tamponade (fluid build-up around your heart that affects its ability to pump blood effectively)
- Coughing up blood
- Very rare risks include infection, blood clots in the neck veins, stroke causing disability and death

What happens after the procedure?

When the procedure has been completed a dressing will be applied to the neck or groin area and you will return to the outpatient department or ward. You will usually have a chest X ray performed after the procedure. If the procedure is performed from the groin you will need to lie flat for approximately one hour afterwards. The dressing can usually be removed the next day, but you will be instructed by the operator prior to leaving the catheter laboratory.

Results

The result is usually available on the same day.

Research

Royal Papworth Hospital is a teaching hospital and you may be approached to participate in research.

Valuables

Please do not bring excess jewellery, credit cards or large sums of cash to the hospital.

Contact numbers

For further information please contact:

Transplant Continuing Care Unit
Tel: 01223 638007

Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:

Consent 009

Patient agreement to right heart catheterisation

Intended procedure/surgery

Statement of health professional

(To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy). I have explained the procedure to the patient. *In particular I have explained:*

The intended benefits:

To measure the pressures inside your heart and the main blood vessels of your lungs and also to measure blood flow through the lungs in order to help diagnose or manage your condition.

Significant, unavoidable or frequently occurring risks:

As detailed on page 1 of this booklet.

Specific concerns:

.....
.....

Any extra procedures, which may become necessary during the procedure:

.....
.....

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

This procedure will involve:

Local anaesthesia and sometimes sedation.

Consultant/Performer/Registered nurse*

Signed:

Date:

Name (PRINT):

Job title:

Contact details: If you require further information at a later date please contact the Transplant Continuing Care Unit on 01223 638007

*Has received further training/delegated responsibility

Statement of patient

Please read the patient information and this form carefully.

If your treatment has been planned in advance, you should already have your own copy which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now.

If you have any further questions, do ask - we are here to help you. *You have the right to change your mind at any time, including after you have signed this form.*

- **I understand** what the procedure is and I know why it is being done, including the risks and benefits.
- **I agree** to the procedure or course of treatment described on this form and have read this information leaflet on right heart catheterisation (PI 207) and had the opportunity to ask questions.
- **I agree** to the use of photography for the purpose of diagnosis and treatment and I agree to photographs being used for medical teaching and education.
- **I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- **I understand** that any tissue removed as part of the procedure or treatment may be used for diagnosis, stored or disposed of as appropriate and in a manner regulated by appropriate, ethical, legal and professional standards.
- **I understand** that any procedure in addition to those described on this form will be carried out only if necessary to save my life or to prevent serious harm to my health.
- I have listed below any procedures **which I do not wish to be carried out** without further discussion:

.....

- I have been told in the past by Public Health that I am at increased risk of CJD (Creutzfeldt-Jakob disease) or vCJD (variant Creutzfeldt-Jakob disease).

☐ Yes (*Health professional to refer to Trust CJD procedure DN92.*)

☐ No

Patient

Patient signature:

Date:

Name (PRINT):

Confirmation of consent

(To be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Signed:

Date:

Name (PRINT):

Job title:

Statement of interpreter (where appropriate).

I have interpreted the information above to the patient to the best of my ability and in a way which I believe he/she can understand.

Signed:

Date:

Name (PRINT):

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see consent policy).

Signed:

Date:

Name (PRINT):

Important notes (tick if applicable).

☐ Patient has advance decision to refuse treatment (e.g. Jehovah's Witness form)

☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature:

Date:

Name (PRINT):

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Patient name:

Patient signature: Date:

Name (PRINT): Date:

Signature: Job title:

Important notes: (tick if applicable)

☐ There has been no change in the patient's condition ☐ There is no new information

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