WINELANDS CARDIOLOGY

DR. TJAART P. VENTER CARDIOLOGIST INC
MB, ChB (UFS), M.Med (Int), Cert. Cardio (SA) I PN 0143189

DR. JURGENS LIEBENBERG CARDIOLOGIST INC
MB, ChB (Stell), M.Med (Int), FCP (SA), Cert. Cardio (SA) I PN 1140086

**PATIENT PROCEDURAL INFORMED CONSENT**

The following procedural informed consent document have been adopted by the incorporated practices of Dr. Tjaart P. Venter Cardiologist and Dr. Jacques Liebenberg Cardiologist. All information in this document pertains to both the active practices functioning as Winelands Cardiology Pty.

"The cardiologist" in the document refers to either Dr. Tjaart P. Venter or Dr. Jacques Liebenberg, depending on who signs the document below.

I, .....(Name and Surname) Hereby give my consent to undergo the following procedure(s), performed by the cardiologist:

**Procedure**:

☐ Coronary angiogram with intervention/ stents as necessary (may include rotational atherectomy)
☐ Implantation of pacemaker
☐ Single chamber ☐ Dual Chamber ☐ Resynchronization therapy ☐ Intracardiac defibrillator device (ICD)
☐ Left atrial occlusion with the implantation of the Watchman Device
☐ Transcatheter aortic valve implant
☐ Electrical cardioversion (electrical shock) to restore normal heart rhythm.
☐ Trans-esophageal echocardiogram
☐ Sentinel brain protection device
☐ Patent foramen ovale /. Atrial septal defect - closure
☐ Other

**Planned date of the procedure**:

**Indication for the procedure:**

**Special instructions** (Please indicate any special instructions, concerns, or living will):

**Please note:**

- By signing this document, I agree that I have been provided with a general explanation of the procedure, alternative options (if available), the indication, potential benefits, as well as the risks involved with the procedure.
- I understand that complications may occur, and consent to whichever procedure may be necessary to save my life in the setting of a life-threatening complication.
- I have had sufficient opportunity to discuss the procedure, ask questions, and that my answers were sufficiently answered.
- I herewith consent to undergo this procedure and subsequent diagnostic and therapeutic procedures, which may become necessary as part of this procedure.
- By signing this I agree to blood and blood products, when deemed necessary by my treating doctors. I will explicitly indicate when refusing blood/-products.
- I confirm that I am aware of the cardiologists Billing Policy, and agree to the terms and conditions.

**NB:** Please turn the page form more information. Please visit our website at: www.winelandscardiology.com for information documents that explains the above procedures in more detail.

| Patient signature | Dr. Liebenberg signature | Dr Venter signature | Witness signature |
|---|---|---|---|
| Date | Date | Date | Date |

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I understand and accept that some of the most common complications include, but are not limited to, the following:

**Coronary angiogram**

Minor complications
- Puncture site bleeding, bruising, arterial dissection, contrast medium reactions (1-2/100)

Major complications
- Ventricular fibrillation, heart attack, stroke, death, renal failure (1/1000)
  - The risk of these complications increases with age, comorbidities, procedural complexity, and the need for an intervention to be performed.

**Pacemaker implant**

Minor complications
- Local site bleeding, bruising and pain

Major complications
- Ventricular perforation with pericardial tamponade, arterial puncture with occult bleed, pneumothorax, pacemaker infection with the potential need for prolonged hospital stay and device explant (1-2/100)

**Watchman Device**
- Cardiac perforation and the need for urgent open-heart surgery (3%)
- Stroke (2%)
- Death (1%)
- Late device dislodgement (< 1%)

**Electrical cardioversion**
- Blood clot dislodgement causing stroke

**TAVI (Transcatheter aortic valve implant)**
- Stroke (2%)
- Death (<1%)
- Emergency open heart surgery (<1%)
- Need for pacemaker (6-10%)

**IN RESPECT TO ALL OF THE ABOVE:**
- I understand that this procedure, depending on the diagnostic outcome, may warrant further diagnostic evaluation, treatment, or intervention. I understand that, with an intervention, the risk of a complication may rise significantly. I understand that complications will be dealt with if they arise.
- I agree to, I extent to, the cardiologist, to decide on the type and number of stents during a stent procedure, which may result in additional costs for my own account. I understand that this may require the prolonged use of additional blood thinning agents, like Clopidogrel. I take full responsibility for complications incurred during medication non – adherence. I undertake to inform the cardiologist (in writing) if I experience significant side effects, that may or may not prohibit my continued use of a specific medication.
- I understand that other health care specialists (Anesthetists, Surgeons, Specialist Physicians etc.) may be required to participate in my care. I understand and accept that my doctor, who is in possession of information regarding my illness, may disclose such information to other health care providers for the purpose of their input and management of my illness.
- I consent to the administration of general or other anesthesia for the purpose of this or alternative procedures.
- There may be a need for blood or blood products during and after procedure, I consent to their use. I have been informed of the risks and benefits of blood transfusion. I undertake to explicitly express my refusal not to consent to the use of blood/ blood products.
- I am satisfied that my doctor has explained and offered alternatives prior to undergoing this procedure. I do not require any additional information at this time. I believe that the cardiologist honored my right to make my own informed health care decision. I give my consent voluntarily and freely, and I certify that I am legally capable of given valid consent. I have been informed of all of the above in a language that I understand.
- I agree to follow the instructions provided to me by the healthcare professional and/or come for follow-up visits. If I do not do this, I accept responsibility for the consequences and I undertake not to hold the practice and its staff liable for any negative consequence.
- I understand that I can refuse healthcare at any stage, but also understand that if I refuse, it may be consequences of the refusal to me, which may be more severe than any risks I may face. These consequences have been explained to me. If I refuse healthcare, I will then not hold the healthcare professional liable for any of those consequences, should they happen. If I refuse, I must still pay for the healthcare I have received up to that refusal.
- I understand that the cardiologist practice charges at a rate that is explained in the Practice Billing Policy, which is available for my viewing. I hereby acknowledge that I am aware that a list of the potential procedures and their relevant charges are available at the practice receptionist for viewing. I am aware that I may obtain an estimate of the doctor's fees, and I undertake to pay the outstanding amount in the event of Medical Aid non – payment within 60 days of this procedure.