

CONSENT FORM FOR HEART TRANSPLANT

The heart transplant consent form provides information on the risks, potential complications and side effects of the heart transplant procedure. After reading it and discussing with the doctor, you should be well informed of the risks and benefits of the heart transplant procedure.

The donor will be screened for potential infectious diseases and other medical conditions. However, certain infections and diseases may not be detectable at the time of the transplant, but can be transmitted during the transplant process or be detected after the transplant. The donor heart will be assessed by the procurement team before retrieval of the heart prior to transplantation. Suitability of the donor heart for transplantation will be discussed with you and your family.

I understand the following complications may occur:

Risks of open heart surgery

- Stroke.
- Renal impairment.
- Bleeding from the operation, or needing a repeat operation.
- Infection of any type.

Specific risks of Heart Transplantation

- Rejection of the new heart
- Need for a pacemaker for the new heart
- The new heart may fail to function and need to be supported by Extracorporeal Membrane Oxygenation or Intra-Aortic Balloon Pump machines.
- Reactions and side effects to immunosuppression drugs such as hypertension, renal impairment and diabetes.
- Risk of cancer (including cancer of white blood cells, and skin)
- Death is possible due to the procedure or later complications.

Psychosocial risks

- Personal and family stresses.

I accept I will be on lifelong medications to stop my immune system rejecting the new heart and any other medications that are necessary to control my medical conditions.

I hereby agree:

1. To undergo Heart Transplant
2. To undergo Cardiac Biopsy (involving 15 biopsies within the first year of surgery and additional biopsies as necessary), to monitor for heart rejection
3. For my explanted heart to be sent for histopathology examination and for research purposes.

I have read the above information provided and had the opportunity to ask questions and I am satisfied with the explanation and the answers to my questions.

Based on statements given, I, THE PATIENT/ PARENT/ SPOUSE/ NEXT OF KIN, GUARDIAN, CONSENT TO THE PROSEDUR/ TREATMENT/ SURGERY AS STATED

I, the* patient/ parent/ spouse/ next of kin/ guardian, hereby agree that the relationship between IJN, the doctors and me/ the patient shall be governed and construed in accordance with the laws of Malaysia and I hereby agree to submit to the exclusive jurisdiction of the courts of Malaysia.

Signature:

IC number:

Name of*Patient/ Parent/ Spouse/ Next of Kin/ Guardian:

Relation with Patient:

Date :

I have witnessed the consent taking and assisted in the provision of any verbal and / or written information given to the patient/ parent/ guardian by the doctor.

Witnessed by,

Signature:

Name of witness:

Designation:

Date:

DOCTOR'S STATEMENT

I confirm that I have explained to the patient/ parent/ spouse/ next of kin/ guardian:

- the patient's condition;
- the need for procedure/ treatment/ surgery;
- the nature, benefits, possible risks and effects of the proposed procedure/ treatment/ surgery;
- alternative procedure/ treatment/ surgery options and its risks and effects/ likely outcomes;
- significant risks and problems specific to this patient;
- all the other issues as stated in this consent form.

I have confirmed with the patient/ parent/ spouse/ next of kin/ guardian that he/ she has no further questions and agrees to the procedure.

Doctor's Signature:

Doctor's Name:

Designation:

Date: