



INSTITUT JANTUNG NEGARA National Heart Institute

CONSENT FOR IMPLANTATION OF VENTRICULAR ASSIST DEVICE (VAD)

PATIENT'S INFORMATION
(Please Stick Label)

Parent/Spouse/Next of kin/Guardian

Name :

NRIC / Passport No. :

Relationship with patient :

Part I – To be filled by Patient/Parent/Spouse/Next of kin/Guardian

I, the patient/parent/spouse/next of kin/guardian acknowledge that the doctor has explained to me the option of undergoing the implantation of a Ventricular Assist Device, namely _____ (the device) has been offered to me. The nature, effect and purpose of the procedure, possible alternative methods of treatment (including no treatment), the expected benefits and complications, attendant discomforts and risks involved have been fully explained to me.

I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.

I hereby consent to:

- (a) The administration of anaesthesia (general, regional, local or others) for this operation / procedure.
- (b) The use of drugs and medicines as may be deemed advisable or necessary for the said operation / procedure.
- (c) The transfusion of blood and other blood derived products as may be deemed necessary, fully recognising that there are always risks to health associated with such transfusion and such risks have also been fully explained to me.
- (d) Such further or alternative operative measures or procedures as may be found to be necessary or appropriate in the judgement of the doctor performing the implantation during the course of the operation / procedure.
- (e) Any other treatment and monitoring procedures deemed necessary.
- (f) The organs or tissues removed during the procedure/treatment/surgery, these may be retained for tests for a period of time then disposed sensitively by the hospital.
- (g) The taking of photographs and/or video graphs for education/academic/research purposes may be taken during the procedure/treatment/surgery, my identity/the patient's identity will be protected if the photos/videos are used at a later date.

I formally acknowledge that potential benefits, risks, complications of the implantation procedure and alternatives of the procedure (including no treatment) have been explained to me, including the risks associated with measures listed above. In addition to the normal general surgical risks, there are also specific risks associated with the implantation procedure, including but not limited to the risks of severe bleeding requiring re-exploration and hemostasis, infection including sepsis, risk of stroke, risk of pump thrombus and because this is a form of major surgery, there is a risk of death from the surgery.

I understand that there are also other risks, including but not limited to, risk of renal (kidney) impairment requiring dialysis and risk of massive blood transfusion and among other possible complications. The risks of such complications will vary from patient to patient ie depending on the patient's presenting condition as well as the patient's response to the treatment, and there is no assurance that the operation and the implantation and use of the device will be successful. I acknowledge that the above listed risks and complications are not intended to be exhaustive. I have had an opportunity to ask for more information with regards any of the listed complications as well as the general risks associated with such surgery, or of any specific condition of concern to me.



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National Heart Institute

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 / Thumbprint of Patient/Parent/Spouse/Next of Kin/Guardian

Date of signing

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

Witnessed by:

Signature:

Name & Designation:

Date:

Part II – To Be Filled by Medical Practitioner

I confirm that I have explained the nature, effect, benefits, risks and purpose of this operation / procedure and alternatives (including no treatment) to the patient and the above-named witness. I also confirm that I have offered to answer any questions and have fully answered such questions. I believe that the patient fully understands what I have explained and answered.

Signature of Clinical Director of MCS Program

Name of Clinical Director of MCS Program

Date of signing

Signature of Consultant Cardiothoracic Surgeon

Name of Consultant Cardiothoracic Surgeon

Date of signing

Signature of Consultant Anaesthesiologist

Name of Consultant Anaesthesiologist

Date of signing

Signature of Consultant Anaesthesiologist

Name of Consultant Anaesthesiologist

Date of signing

* Please delete accordingly