



CONSENT FOR PERIPHERAL ANGIOGRAPHY AND PERIPHERAL ANGIOPLASTY

Name of the patient: _____

IPD No: _____ Age/Gender: _____ Date: _____

Conditions and procedures

We, the undersigned relatives of Mr./Mrs. _____, have been explained in detail regarding his/her condition with the following diagnosis:

- a) _____
- b) _____
- c) _____

for which _____ procedure is advisable. Additional procedures may include _____

Procedure and its benefits

Signature: _____

- Peripheral angiography is a diagnostic procedure wherein a radiopaque dye is injected into the vessels and then the arteries are visualized on a specialized X-ray system (Cath lab).
 - It is used to diagnose narrowing or blockages in the arterial (circulatory) system.
 - Peripheral angioplasty is a non-surgical method to treat arterial blockages.
 - It can be done in two ways:
 - a) Balloon angioplasty, wherein just a balloon is inflated (expanded) into the narrowed or occluded arteries (blood vessels)
 - b) Stent placement, wherein a stent (small metal mesh tube) is placed within the arteries or veins so as to keep them dilated and maintain blood flow through it
- The **aim of the procedure** is to :
- a) Prevent spread of gangrene
 - b) Improve circulation
 - c) Relieve rest pain
 - d) Prevent limb amputation
 - e) Help ulcers heal

Signature: _____

General risks of the complications

There are possibilities of risks and complications with all procedures. They include, but are not limited, to the following:

Common problems (can occur in 5%–10% of patients):

- a) Bleeding, clotting or bruising at the point of needle insertion
- b) Localized hematoma at the site of needle insertion
- c) Re-thrombosis (clotting) or re-stenosis (narrowing) of the treated vessels or stents
- d) Need for surgical intervention if angioplasty fails, especially in severely calcified vessels

Uncommon problems (can occur in 1%–5% of patients):

- a) Pseudoaneurysm- false ballooning of the punctured vessel which may require surgical correction
- b) AV fistula- abnormal connection between adjacent artery and vein
- c) Infection/oozing from the site
- d) Kidney damage especially in diabetic patients and patients who have pre-existing kidney problems. This may occasionally need dialysis
- e) Need for blood transfusion

Rare risks and complications (can occur in less than 1% of patients):

- a) Rupture of blood vessel, which can require urgent re-intervention or surgery
- b) Stent fracture
- c) Stroke, seizures and/or cardiac arrest

If **sedation** is performed, extra risks include dizziness, nausea, vomiting and low blood pressure.

Signature: _____

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Risks of iodinated contrast:

Use of iodinated contrast in people with renal impairment can cause further kidney damage, which in turn can lead to acute kidney failure/injury.

Signature: _____

Risks of not having the procedure done

If this condition is not treated, it can lead to spread of gangrene resulting in septicemia.

It may require amputation if not treated at the appropriate time.

Signature: _____

General considerations

- We have been explained in detail regarding the patient's condition and best treatment options.
- He/she will require some medicines lifelong. Discontinuing medicines or taking tobacco or alcohol or smoking may lead to repeat blockages.
- We have been given an option to get treated elsewhere; however, we wish to get treated here.

Final consent

Signature: _____

I acknowledge that the doctor's team has explained to me about the procedure.

I understand:

- a) the risks and complications related to the procedure
- b) that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care
- c) If immediate life-threatening events occur during or after the procedure, they will be treated on a best effort basis by the treating doctors or the resuscitation team

Signature: _____

After going through all the details mentioned above, we consent to undergo the procedure.

Signature of the patient: _____ Name of the patient: _____

Signature of the relative: _____ Name of the relative: _____

Declaration by the surgeon regarding the procedure

I hereby declare that I have explained in detail regarding the operative procedure and associated risks factors/complications. I have given a detailed explanation to the patient and his/her relatives in the language they could understand and have given them opportunities to ask questions and have given them satisfactory answers.

Patient's/Witness's Name: _____ Doctor's Name: _____

Patient's/Witness's Signature: _____ Doctor's Signature: _____

Date & Time: _____ Date & Time: _____



This specific procedural consent is endorsed by the Vascular Society of India and may be used by vascular surgeons practising in India.

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