**PROCEDURAL INFORMATION**

Thank you for entrusting Dr Touma to perform your cardiac procedure. It is a great honour and privilege.

Please read and understand all the information below before signing. Please feel free to clarify any issues with me or support staff prior to signing. There is no pressure to sign. However, if you decline, Dr Touma will arrange referral to another heart specialist for your procedure.

**GENERAL INFORMATION**

1. Dr Touma performs procedures at both St George Private Hospital and Hurstville Private Hospital. He can also refer you to St George Public Hospital, although he does not operate there routinely.
2. You have made a free choice to have your procedure at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. The choice of hospital was made by you without pressure from an external party.
4. Dr Touma may express a preference for a facility based on your specific circumstances, including your case complexity, equipment availability and quality and nursing expertise. This preference is based only on maximising safety and best outcomes for you. This is a preference and ultimately, Dr Touma will respect your final decision of facility location.
5. You are free to change the location of your procedure at any time up to and including the day of the procedure.
6. Any change in procedural location may result in up to a 4 week delay due to scheduling issues. Dr Touma does not take responsibility for adverse events that occur because of this delay.
7. You may cancel your procedure for any reason up to and including the day of procedure prior to the administration of sedation.

 **PREPARATION**

1. You must fast from food and liquid starting the midnight before the procedure. The hospital will advise when you are required to present. If your procedure is after midday, you may have a light breakfast prior to presenting to the hospital.
2. Medications NOT listed below SHOULD BE TAKEN with a small sip of water, the morning of the procedure.
3. If you take Metformin, Jardiance, Forxiga, Jardiamet, Xigduo, Diabex, Diaformin you must stop these 48-hours prior to your procedure.
4. If you take Warfarin, Xarelto, Pradaxa or Eliquis please ask for specific instructions. Do not stop these unless specifically instructed to do so.
5. Aspirin, clopidogrel, ticagrelor and prasugrel should NOT be stopped.
6. You must have the attached fasting blood tests performed three days prior to the procedure.
7. If a stent is implanted, you will be admitted to coronary care overnight.
8. If you are a diabetic on insulin **AND** your procedure is in the morning, withhold insulin the morning of the procedure and instruct staff when you arrive that you are a diabetic on insulin.
9. If you are a diabetic on insulin and your procedure is in the afternoon, please have breakfast and take your usual morning insulin dose.

 **RISKS**

1. There is a 1 in 1000 to 1 in 5000 risk of stroke from a coronary angiogram. The risk is higher if you smoke, have diabetes or have a history of previous stroke. Most strokes are small and patients make a full recovery. Occasionally, they result in serious permanent disability.
2. Bleeding risk of 1 in 100 patients. Usually mild.
3. Severe allergy to contrast 1 in 20,000 – 100,000 patients.
4. **Groin complications when the leg artery is used** – this includes bleeding, bruising and in some cases surgical open repair if the artery is injured. Death is rare but has been reported.
5. **Complications from the radial (wrist) artery** – Mild bruising is common. Serious complications are extremely rare affecting 1 in 250,000. The most serious complications are compartment syndrome and chronic regional pain syndrome. While extremely rare, if they occur can result in permanent disability or loss of limb.
6. Coronary artery perforation/dissection leading to death (rare).
7. Pericardiocentesis (fluid drainage from around the heart) – can be associated with death in rare cases.
8. Periprocedural troponin elevation – common post stenting and not associated with adverse outcomes if the procedure has been non complicated.
9. Stent re-narrowing – “instent restenosis”. This risk is 1-5% over the lifetime of the stent for non-diabetics. Up to 10% risk if diabetic. This risk is markedly reduced by using intravascular imaging (routine in Dr Touma’s procedures) and adequate stent expansion. May be treated with a repeat drug coated balloon treatment, repeat stenting or coronary bypass surgery.
10. Chest pain can occur 6 to 12 hours after a coronary stent. This is usually due to arterial stretch but occasionally due to loss of small branches. This is of no long-term concern. Please advise the nurse immediately if you experience chest pain and an ECG will be taken.
11. Recent studies suggest that in stable patients, stents are not superior to optimal medical therapy at 5 years follow up. However, this does not apply to all circumstances and to all patients. There may be a reduced risk of spontaneous heart attack with upfront stenting of stable coronary disease after 5 years.
12. Death is extremely rare. However, it is always a risk of invasive coronary procedures.

**BENEFITS**

1. Definite test. Highly accurate.
2. Intervene on life threatening coronary disease to prevent heart attack, death and prolong life.
3. Stent implantation is the most effective way to relive angina. There is some evidence they may reduce the risk of spontaneous myocardial infarction particularly in high risk non calcified plaque.
4. Fractional flow reserve may be used to determine the need for a coronary stent if the blockage is 50 – 70%. This helps to determine if you will benefit from a stent. It may avoid an unnecessary stent.
5. The decision to place or not place a sent is complex. There is a large amount of research advocating for and against stenting. Patients are different and there is not one strategy that fits all. Dr George Touma will decide based on his medical opinion what is best suited to your individual requirements. This is guided by what he believes will benefit your short- and long-term morbidity and mortality.

**FINANCIAL AND OTHER DISCLOSURES**

1. There will be a gap charge for your coronary angiogram or stenting procedure of $500 (non-pensioners) and $250 (pensioners). Payment should occur prior to the procedure.
2. Dr Touma has no ownership in St George Private Hospital or Hurstville Private Hospital.
3. Dr Touma does not have any financial interest in any device or stent used. No financial reward is obtained for selecting one stent over another. He will choose the best stent based on the anatomy of your coronary disease to maximise safety and long-term positive outcomes.
4. Dr Touma has received payment to present for pharmaceutical companies in the past. This is for education of other doctors and does not in any way influence the decision of medication for you. Medication choice will be individualised to maximise the chance of beneficial outcomes and minimise harm.
5. You have full autonomy regarding the location of your procedure. Any preference of location by Dr Touma relates to maximising procedural success and safety. The decision is ultimately yours and will be respected.

If you have read and understand the above, please sign below to confirm your booking. You must sign one for each procedure you undertake. If you are not happy to sign, Dr Touma can arrange an appointment with another specialist for your procedure.

Thank you for your trust in this journey.

With kind regards,

GEORGE M TOUMA

***Patient name, signature and date***