

Patients guide and agreement to consent form

Cardiac Biopsy

Introduction

This guide is for patients who are having a cardiac biopsy. It explains what is involved and any risks associated with the procedure. A cardiac biopsy is a medical procedure to remove small pieces of heart muscle for examination under a microscope.

Why might I need a myocardial biopsy?

This procedure is routinely done after heart transplantation to look for signs of rejection.

There may be other reasons for recommending this test. These can include diagnosing myocarditis an inflammation of the heart muscle, particular types of heart muscle disease or 'cardiomyopathy', or abnormal cardiac tissue.

Preparation for the procedure

This is usually performed as an out-patient or day case procedure. If you are coming in for an outpatient biopsy we suggest you do not take diuretic the evening before or morning of the biopsy.

If you are take any anticoagulation medication such as warfarin or clexane this will need to be stopped before the procedure - please contact Transplant Continuing Care Unit for advice.

Procedure

The test is performed in the X-ray department and will last approximately 30 minutes or less. The room is a little cold to prevent the apparatus from over-heating. You will need to lie flat on a movable table beneath an X-ray machine. The heart rhythm is monitored throughout the procedure. Local anaesthetic is injected to numb the skin. Using a needle, a small plastic tube (sheath) is inserted into a vein in the neck or occasionally in the groin. Biopsy forceps (called a biopptome) are used to remove small pieces of heart muscle under x-ray guidance.

Are there any risks?

Cardiac biopsy is a low risk procedure. Complications are due but rare complications may occur in approximately 1 in 100 patients. These include:

- Bruising, bleeding, or damage to an artery at the site where the catheter is inserted
- Temporary numbing of nerves at the site where the catheter is inserted
- Puncture to the lung causing collapsed lung or 'pneumothorax'
- Fainting reactions or low blood pressure
- Temporary disturbances of heart rhythm.
- Damage to the tricuspid valve

- Damage to coronary artery
- Perforation of the wall of the heart and cardiac tamponade (fluid buildup around your heart that affects its ability to pump blood effectively)
- Pulmonary embolism

For some patients the risks may be different, please speak to your doctor before the procedure if you have any concerns.

What happens after the procedure?

When the procedure has been completed a dressing will be applied to the neck or groin area and you will return to the outpatient department or ward. If the procedure is performed from the groin you will need to lie flat for 1 hour afterwards. The dressing can be removed the next day.

A chest x-ray is routinely performed after a cardiac biopsy.

If the procedure is performed from the groin you will need someone to drive you home. You can resume normal activities the next day.

Results

The result is usually available on the same day or within 24 hours.

Heart transplant patients will be contacted directly if there is any evidence of significant rejection that would require further treatment.

Research

Papworth Hospital is a teaching hospital and as such you may be approached to participate in research.

Valuables

Please do not bring excess jewellery, credit cards or large sums of cash to the hospital.

Contact numbers

For further information please contact

Transplant Continuing Care Unit

XXXXX-XXX-XXX

Consent 010

Patient agreement to myocardial biopsy

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)
I have explained the procedure to the patient. *In particular, I have explained:*

The intended benefits: to detect any rejection and to help decide the best treatment course.

Significant, unavoidable or frequently occurring risks: This is a very safe procedure. may occur in approximately 1 in 100 patients. These problems include

- Bruising, bleeding, or damage to an artery at the site where the catheter is inserted
- Temporary numbing of nerves at the site where the catheter is inserted
- Puncture to the lung causing collapsed lung or 'pneumothorax'
- Fainting reactions or low blood pressure
- Temporary disturbances of heart rhythm.
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Specific concerns.....
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Any extra procedures which may become necessary during the procedure

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I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

This procedure will involve: Local anaesthesia and sometimes sedation.

Consultant / Performer / Registered Nurse*

Signed:

Date

Name (PRINT)

Job title

Contact details: If you require further information at a later date please contact Transplant Continuing Care Unit on XXXXX-XXX-XXX.

*Has received further training/delegated responsibility.