

**Consent form: electrophysiological study (EPS) and RF (radio frequency) ablation**

The electrophysiological study has the purpose of diagnosing various cardiac arrhythmias by inserting a catheter through the blood vessels to the cardiac cavity. RF ablation has the purpose of treating such arrhythmias. The procedure is usually performed under local anesthesia, with or without the administration of sedatives.

Patient's name: \_\_\_\_\_  
 Last name                      First name                      Father's name                      ID

I hereby declare and confirm I have been provided with a detailed oral explanation by

Dr. \_\_\_\_\_ about the need to perform an electrophysiological study  
 Last name                      First name

And RF ablation (hereinafter "The Main Procedure").

It has been explained to me that in most cases the purpose of RF ablation is to prevent the arrhythmias from reoccurring.

I hereby declare and confirm that the Main Procedure's side effects have been explained to me, including pain and discomfort in the area of the catheter insertion. Additionally, the procedure's possible risks and complications have been explained to me, including:

- Damage to blood vessels in the area of the catheter insertion that may sometimes lead to the necessity to perform a corrective procedure.
- Damage to the pulmonary membrane and/or perforation of the lung in cases where the catheter is inserted through the veins in the chest.
- Perforation of the cardiac wall that may lead, in rare cases, to significant blood leakage requiring drainage of the cardiac membrane cavity by piercing it with a needle and sometimes even by urgent surgery.
- Damage to the heart's conductive system that may result in the need to implant a permanent pacemaker.
- Migration of embolisms from the heart to the arteries of various organs, with possible resulting damage requiring immediate treatment, including the possibility of surgery.
- In cases of ablation as a result of atrial fibrillation, stenosis of the pulmonary veins may later occur. Such stenosis can lead to chronic damage to the lungs, reflected in shortness of breath and coughing. These phenomena can lead to a condition of permanent respiratory impairment. This complication may require additional interventions to the pulmonary veins, for example, implanting a support for the pulmonary veins and in rare cases even lung surgery.

The prevalence of each of the above mentioned complications is relatively low. In very rare cases, these complications can result in death.

I hereby provide my consent to the administration of the Main Procedure.

I hereby declare and confirm that I have been provided with an explanation and understand that it is possible to discover in the course of the Main Procedure that its scope must be extended or altered, or that other or additional procedures need to be performed in order to save the patient's life or prevent physical damage, including additional surgical procedures that cannot at this time be foreseen with any certainty or completeness but significance of which has been explained to me. Therefore, I additionally agree to such alteration / extension of the procedure or to the administration of other or additional procedures, including surgical procedures that in the opinion of the institution's physicians will be essential or necessary in the course of the Main Procedure.

My consent is also hereby provided to the administration of local and general anesthetics, after having been provided with an explanation that using sedatives may in rare cases lead to respiratory impairments and cardiac function impairments, particularly in cardiac patients and in patients with respiratory disorders, and about the possible risk of varying degrees of allergic reactions to the local anesthetics.

If a decision is made that the Main Procedure is to be performed under general anesthesia, an explanation about the anesthesia will be provided to me by an anesthetist.

I am aware and agree that the Main Procedure and any other main procedure will be performed by the person assigned to do so according to the institutions policies and instructions, and that there is no guarantee that all or any of the procedures will be performed by a particular person, so long as they are responsibly administered as is customary in the institution and subject to the law.

Date	Hour	Patient's signature
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Guardian's name	Guardian's signature (in case of incompetent, minor or mental patient)
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I confirm that I have explained to the patient / the patient's guardian\* all of the above in appropriate detail and that he/she has signed this consent form before me after I have become satisfied that he/she fully understands my explanations.

Physician's name	Physician's signature	License no.
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\* Strike out the irrelevant item