INTRODUCTION:

Your physician has requested that you undergo an adrenal vein blood sampling to determine the cause of the elevated hormone aldosterone in your blood. Based on the findings of this study, a decision between medical therapy and surgery can be made. We are asking you to read and sign this form so that we can be sure you understand the procedure and potential benefits, along with the associated potential risks, complications, alternatives, the likelihood of achieving the goals, and the recuperative process. Please ask questions about anything on this form that you do not understand.

PROCEDURE:

An adrenal venogram involves the placement of a plastic tube (catheter) into a vein in your leg near the hip. Some numbing medicine will be injected in the skin over the vein that will be used before the catheter is inserted. Intravenous medications may also be given to you to make you more comfortable and relaxed. This is known as moderate sedation.

Once the catheter has been placed into the vein, it will be advanced through the blood vessels. During this time, x-ray contrast material (x-ray dye) will be injected through the catheter and x-ray pictures taken. You may be asked to hold your breath for several seconds as these pictures are taken. During the injection of x-ray contrast material, you may experience a warm feeling or a strange taste in your mouth. Both of these sensations are temporary and will go away soon. After localizing the adrenal veins with the venogram, blood will be drawn through the tube and sent for laboratory studies. The laboratory studies take a week or more and the results will not be available today. At the completion of the venogram and blood sampling, the catheter will be removed and pressure will be applied to the insertion site until the bleeding has stopped. To help prevent bleeding, it will be very important for you to lie flat in bed without moving your leg for two hours.

RISKS:

Risks associated with the procedure include, but are not limited to, pain or discomfort at the catheter insertion site, bleeding at the site, injury to a blood vessel, infection which may result in an infection of the bloodstream, the development of a blood clot (embolization), and stroke. Risks associated with the x-ray contrast material include an allergic reaction and reduced kidney function. The medications used for the moderate sedation are associated with the risks of aspiration (inhaling food or liquid into your lungs) or respiratory depression. In addition to these potential risks associated with the procedure, the x-ray contrast material, and the moderate sedation medications, there may be other unpredictable risks including death.

(Complete this paragraph if applicable or document “NA”)

Due to your additional medical history of _______________, added risks for you include but are not limited to:

__________________________________________

__________________________________________

__________________________________________

ALTERNATIVES:

There is no alternative to adrenal vein blood sampling. You may choose not to have the procedure done, and the cause of the elevated aldosterone in your blood will not be determined.
Consent for Adrenal Venography and Adrenal Vein Blood Sampling

AGREEMENT:
The information on this form was explained to me by __________________________. I understand the information and I have had the opportunity to ask any other questions I might have about the procedure, the reasons it is being performed, the associated risks, and the alternatives to the procedure. I agree to undergo the procedure to be performed by an authorized member of the Division of Vascular and Interventional Radiology and his/her associates, assistants, and appropriate hospital personnel, and accept the risks. I also agree that fellows, residents and surgical assistants may participate in significant tasks that are part of the procedure. In addition, I agree to have any other appropriate personnel present for the procedure.

I assign to the University of Pennsylvania Health System (“Health System”) all rights to any tissues, organs, cells, body parts, and/or body fluids that may be removed during this procedure and I authorize the Health System to use or dispose of such specimens according to its standard practices.

The University of Pennsylvania Health System routinely suspends all resuscitative aspects of living wills and Do Not Attempt Resuscitation orders during the pre-procedure, procedural and post-procedural period, unless you specifically tell us otherwise. This applies to all invasive and operative procedures.

Signature: ____________________________ Date: ________ Time________
Patient

Signature: ____________________________ Date: ________ Time________
Authorized Healthcare Professional obtaining and witnessing patient’s signature

Signature: ____________________________ Date: ________ Time________
Attending physician (if applicable)

To be used if the patient is a minor, unconscious, or otherwise lacking decision making capacity.

I, ____________________________, the ____________________________
Relationship to patient
of ____________________________ hereby give consent.

Signature: ____________________________ Date: ________ Time________
Legally Authorized Representative

Signature: ____________________________ Date: ________ Time________
Authorized Healthcare Professional obtaining and witnessing representative’s signature

Signature: ____________________________ Date: ________ Time________
Attending physician (if applicable)

Signature: ____________________________ Date: ________ Time________
Witness to telephone consent