NEAR EAST UNIVERSITY HOSPITAL

PATIENT INFORMATION AND CONSENT FORM FOR THROMBOLYTIC (CLOT-DISSOLVING) THERAPY

Unit Name		**Date**	
Patient's Full Name		**Protocol No**	
Date of Birth		**Early Diagnosis**	

Dear Patient/Legal Representative,

You have the right to be informed about your/your patient's health condition, as well as any proposed medical, surgical, or diagnostic procedures, including their alternatives, benefits, risks, and potential harms. You also have the right to accept, reject, or halt any procedures at any stage.

This document is provided for your review not to alarm you or deter you from medical treatments, but to inform you about the procedures and obtain your consent regarding whether or not you wish to proceed with them.

WHAT IS THROMBOLYTIC THERAPY AND WHY IS IT PERFORMED?

Pulmonary embolism is a condition caused by the blockage of one or more of the blood vessels supplying the lungs. If this blockage leads to shock or severe hypotension, it is classified as a high-risk pulmonary embolism, which is a life-threatening emergency requiring immediate treatment. Thrombolytic therapy (also known as fibrinolytic therapy) involves administering medication to dissolve a blood clot that is obstructing a blood vessel. In patients with pulmonary embolism, thrombolytic treatment is performed to clear the blocked pulmonary vessels.

WHO PERFORMS THIS PROCEDURE, WHERE AND HOW IS IT DONE, AND WHAT IS THE ESTIMATED DURATION?

Your treatment will be administered by a physician experienced in fibrinolytic therapy or a nurse under the supervision of a physician, either in a monitored observation unit within the emergency department or in an intensive care unit. The duration of the procedure varies depending on the medication used, ranging from 15 minutes to 24 hours. Any contraindications for thrombolytic therapy will be assessed by your doctor, and if there are no contraindications, the medication should be administered as quickly as possible. The patient's vital functions will be monitored on medical equipment, an intravenous line will be established, and oxygen support will be provided if needed. The thrombolytic medication will be administered through a vein in the arm.

WHAT ARE THE EXPECTED BENEFITS OF THIS PROCEDURE?

The sooner the medication is administered (within the first 48 hours), the less damage there will be to the heart and lungs, and the greater the patient's chance of survival. Additionally, a reduction in chest pain, shortness of breath, or other symptoms that prompted the hospital visit is expected.

WHAT ARE THE RISKS OF THIS PROCEDURE?

1. The main risks associated with thrombolytic therapy include death, stroke (cerebral infarction), bleeding, and allergic reactions.
2. The most serious risk is stroke or death due to bleeding in the brain during or after the treatment. These risks are less than 1%. The risk of stroke varies based on the patient's age and other existing conditions (such as high blood pressure or a history of stroke).
3. As the medication is a potent clot-dissolving agent, bleeding can occur. Minor bleeding, such as at the site of needle insertion or on the skin, is common. Severe bleeding, which may require blood transfusions, is less frequent. Serious bleeding can occur in the stomach, urinary tract, or other areas of the body (such as the abdomen, intestines, lungs, heart, wounds or sutures, nose, or gums). Treatment for these bleeding complications may require additional medications, blood transfusions, or surgical procedures.

Despite these risks, your doctor believes that this intervention will be beneficial for you/your patient and therefore considers it necessary to proceed.

WHAT COULD HAPPEN IF THIS PROCEDURE IS NOT PERFORMED?

Timely administration of thrombolytic therapy (within the first 48 hours after symptoms begin) significantly reduces the risk of death from pulmonary embolism. If this treatment is not administered, there is a risk of death and the potential development of severe, persistent shortness of breath that could impair daily activities, as well as the possibility of heart failure.

ARE THERE ALTERNATIVES TO THIS PROCEDURE?

The primary treatment is thrombolytic therapy. If this is unsuccessful or contraindicated, alternative treatments include surgical embolectomy (removal of the clot through surgery) and percutaneous catheterization (mechanically opening the vessel with a balloon or thrombolytic medication via angiography). However, surgery carries a higher risk of death. Additionally, the team required to perform angiography may not always be available at the hospital, which could cause delays in treatment and reduce the chance of success.

WHAT ARE THE IMPORTANT FEATURES OF THE MEDICATIONS TO BE USED?

The thrombolytic medications used to dissolve clots include streptokinase, urokinase, and tissue plasminogen activator.

These procedures and medications are absolutely contraindicated in the following situations:

- Patients who have previously experienced a brain hemorrhage or an unknown cause of stroke
- Patients who have had a stroke due to brain vessel occlusion within the last 6 months
- Patients with central nervous system damage or tumors
- Patients who have had severe trauma, surgical intervention, or head injury within the last 3 weeks
- Patients who have had gastrointestinal bleeding within the last month
- Patients with known bleeding risks

The procedure may only be performed in critical patients under the recommendation of your doctor in the following situations:

- Patients who have had a transient ischemic attack (mini-stroke) within the last 6 months
- Patients taking oral anticoagulant medications
- Pregnant patients or those within the first week postpartum
- Punctures where bleeding cannot be controlled by compression
- Patients who have undergone traumatic cardiac massage
- Patients with treatment-resistant hypertension (systolic blood pressure above 180 mmHg)
- Patients with advanced liver disease
- Patients with infective endocarditis (inflammation of the heart muscle)
- Patients with active peptic ulcer disease

I have read the information provided above/my relative read it to me, and I was informed by the doctor whose signature is below. I have been made aware of the name, purpose, risks, complications, and additional treatment requirements of the procedure to be performed. I was given sufficient time to ask questions and make a decision regarding this medical treatment, and I was provided with a copy of this patient consent form. I was informed that the outcomes of this treatment may not be successful. Without any further explanation, under no pressure, and with full awareness, I consent to this procedure.

In the event of loss of consciousness or inability to provide consent during my diagnosis and treatment, I authorize the person named below ,**……..**, to give consent and receive all necessary information regarding my treatment (The person authorized by the patient must sign as the patient’s proxy/legal representative).

……

[Write "I HAVE READ, UNDERSTOOD, AND ACCEPT" in your own handwriting]

Patient's Full Name (in handwriting)	**Signature**	**Date/Time**
Name of Patient's Representative/Legal Representative (in handwriting) *NOTE: The signature of the representative/legal representative is required if the patient is unable to give consent.*	**Signature**	**Date/Time**
Doctor's Name (in handwriting)	**Signature**	**Date/Time**

Notes:

1. If the patient is under 18 years old, unconscious, or unable to sign, consent is given by a representative.
2. This form is completed in 2 copies; one copy remains with the patient.