

**CARDIOLOGY CLINIC
INFORMED CONSENT FORM FOR CARADIOVERSION (PHARMACOLOGICAL AND ELECTRICAL
SHOCK APPLICATION)**

PATIENT'S

Name and Surname:

Protocol Number:

Date of Birth:

Phone Number:

Address:

Hospital Admission/Admission Date:

Patient's Early Diagnosis/Diagnosis:

**Names and Phone Numbers of Legal Representatives to Contact for Obtaining Consent in an
Emergency:**

1-

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- It is your natural right to be informed about the procedure/treatment proposed for your medical condition and illness.
- Information about the proposed procedure/treatment is available in the second section of this form.
- The purpose of these explanations is to involve you more consciously in decisions related to your health.
- It is up to you to decide whether to consent to or refuse the procedure after learning about the benefits and potential risks of diagnostic procedures, medical, and surgical treatments.
- Even if you sign the consent form for the procedure/treatment, you have the right to withdraw your consent at any time. However, you should be aware that legally withdrawing your consent after the procedure has started is subject to medical feasibility.
- If you have any questions other than those mentioned here, it is our duty to answer them.

PLEASE READ THIS FORM CAREFULLY AND TAKE A COPY.



INFORMATION (DISCLOSURE) FOR CARDIOVERSION (PHARMACOLOGICAL AND ELECTRICAL SHOCK APPLICATION)

What are arrhythmias, how do they progress, and what are their causes?

Arrhythmias can originate from the heart's ventricles or atria. Arrhythmias originating from the ventricles include ventricular tachycardia (VT) and ventricular fibrillation (VF), while arrhythmias originating from the atria include supraventricular tachycardias and atrial fibrillation (AF).

Ventricular tachycardia (VT) is an episode of rapid heartbeats originating from the ventricles (the heart's lower chambers), characterized by a heart rate exceeding 100 beats per minute. VT is triggered by an abnormal electrical impulse originating from an extra focus within the ventricles. During VT episodes, the heart is often unable to contract effectively, which can lead to a drop in blood pressure, weakness, and subsequently fainting. VT is often life-threatening. Without appropriate intervention, it can progress to ventricular fibrillation (VF), a rhythm that can result in death within minutes. Therefore, VT is a rhythm disorder that requires immediate treatment.

Atrial fibrillation (AF) is the most common arrhythmia observed in our society and its prevalence increases with age. The triggers for AF originate from extra tissue within the atria of the heart. These tissues generate signals that result in a very rapid and irregular heart rhythm. Atrial fibrillation is one of the leading causes of stroke, particularly in the elderly, and is a major cause of stroke originating from the heart, responsible for approximately 20% of all strokes. The elevated heart rate caused by AF can lead to heart failure over the long term.

Supraventricular tachycardias (SVTs) are observed in the general population, particularly among young and otherwise healthy individuals. Although life-threatening supraventricular tachycardia is rare, it can occur in prolonged and frequent episodes, which can be distressing for the patient. Symptoms in patients can range from mild palpitations, dizziness, chest pain, and shortness of breath to more severe manifestations such as significant shortness of breath, chest pain, syncope, and altered mental status.

WHAT IS CARDIOVERSION, AND WHY IS THIS PROCEDURE NECESSARY?

Cardioversion is a procedure used to restore a normal heart rhythm in cases where the heart rhythm is disrupted with an increased pulse rate, such as in ventricular tachycardia, rapid atrial fibrillation, or certain supraventricular tachycardias. This procedure involves delivering an electrical shock to the heart or administering specialized medications (pharmacological cardioversion) to correct the rhythm. If there is no life-threatening emergency, specialized medications are initially used to attempt rhythm control. However, if the arrhythmia leads to significant impairment of vital signs, circulation, or organ function, it is necessary to immediately restore the rhythm with an electrical shock. Depending on the patient's condition, your doctor may proceed to electrical cardioversion if medication alone does not achieve the desired response.

WHERE, HOW, AND BY WHOM IS PHARMACOLOGICAL CARDIOVERSION PERFORMED, AND WHAT IS THE ESTIMATED DURATION?

Pharmacological cardioversion is performed by a team of physicians and nurses in a coronary intensive care unit.

Medications that can be used for this purpose include flecainide, sotalol, propafenone, ibutilide, and amiodarone. If this method is chosen, anesthesia or sedation is not required. Depending on the selected medication, the infusion (slow intravenous administration of the drug) can last from 10 minutes to 24 hours. During this time, continuous ECG monitoring should be performed, with intermittent recordings taken. After the rhythm disturbance is

condition is stable. If the rhythm is restored with medications, the patient may need to continue taking the medication orally for a specified period (such as 1-6 months). If normal sinus rhythm is not achieved, an alternative treatment strategy should be considered.

WHERE, HOW, AND BY WHOM IS ELECTRICAL CARDIOVERSION PERFORMED, AND WHAT IS THE ESTIMATED DURATION?

Electrical cardioversion is performed by a team of physicians and nurses in a coronary intensive care unit. The patient's vital signs are monitored via a monitor, an intravenous line is established, and oxygen support is provided. Anesthesia and analgesic medications are administered to ensure the patient does not feel pain. The patient often does not remember the procedure afterwards and does not experience pain. The paddles of the defibrillator are coated with a conductive gel and placed on the patient's chest. Adequate pressure is applied to the paddles, and then an electrical shock is delivered. If the arrhythmia is not corrected, the energy level may be increased, and the shock is administered again if necessary. After the procedure, continuous monitoring of vital signs is performed, and oxygen support is maintained until the effects of the sedative medications wear off.

ARE THERE ANY UNDESIRABLE EVENTS (COMPLICATIONS) ASSOCIATED WITH ELECTRICAL AND PHARMACOLOGICAL CARDIOVERSION, AND WHAT IS THE RISK OF THE PROCEDURE?

- Allergic reactions to the medications administered before the procedure.
- Burns of varying degrees on the chest wall where the shock is applied.
- If there is impairment in heart contraction function, the arrhythmia may not be immediately corrected.
- Development of different types of arrhythmias post-procedure, which may turn into life-threatening heart rhythms, potentially leading to cardiac arrest and, in severe cases, death.
- Damage to heart tissue.
- Independent of cardioversion, the arrhythmia itself could lead to complications such as emboli to the lungs, brain, or other organs, potentially causing transient or permanent stroke or increased shortness of breath. This risk is associated with the arrhythmia, whether or not cardioversion is performed.
- Potential damage to an implanted pacemaker.
- Possible side effects of medications used in pharmacological cardioversion, including hypothyroidism, lung problems, nausea, etc.

WHAT ISSUES MIGHT ARISE IF ELECTRICAL AND PHARMACOLOGICAL CARDIOVERSION ARE NECESSARY BUT NOT PERFORMED, AND WHAT STEPS SHOULD BE TAKEN IF THE DECISION IS MADE TO PROCEED WITH THE PROCEDURE?

- The arrhythmia may progress to a life-threatening condition, potentially leading to cardiac arrest and, ultimately, death.
- The heart's pumping function may deteriorate, leading to worsening circulation and respiratory issues, which might require artificial ventilation.
- Low blood pressure may result in insufficient blood flow to organs, potentially causing organ failure or shock.

ARE THERE ALTERNATIVE TREATMENT METHODS THAT CAN SUBSTITUTE FOR ELECTRICAL AND PHARMACOLOGICAL CARDIOVERSION, AND WHAT ARE THE RISKS ASSOCIATED WITH THEM?

If the arrhythmia poses a life-threatening risk to the patient, there are no alternatives to immediate electrical shock. If there is no immediate life threat, pharmacological treatment may be possible; however, if the arrhythmia does not respond to medication, electrical cardioversion is required. There are no alternative methods to restore normal rhythm other than medication or electrical cardioversion.

WHAT LIFESTYLE CHANGES SHOULD BE MADE?

After cardioversion, your doctor will provide instructions on the lifestyle changes you need to make upon discharge. Generally, these include avoiding fatty foods, engaging in physical exercise, managing weight, and quitting smoking

I HAVE READ AND UNDERSTOOD THE ABOVE “CARDIOVERSION (PHARMACOLOGICAL AND ELECTRICAL SHOCK APPLICATION) PROCEDURE INFORMATION FORM” AND RECEIVED A COPY OF IT. (PLEASE WRITE THE SAME IN YOUR OWN HANDWRITING.)

- I have received information regarding the procedures and medical-surgical treatments related to the diagnosis and treatment of my medical condition.
- I understand and accept that any additional interventions not described in this form may only be applied to prevent serious harm to my health and to save my life.
- Given that your institution is a teaching hospital, I understand and accept that the procedure/treatment may be performed under the supervision and responsibility of an attending physician (faculty member, chief, deputy chief, senior resident, specialist), and that resident/assistant doctors may also be involved; however, in all cases, the physician performing the procedure will have adequate experience.
- I have been informed about the potential complications and possible risks.
- I have been informed about the other risks that might threaten my health if I refuse these diagnostic and treatment methods, and whether there are any alternative medical methods available.

I ACCEPT THE ADMINISTRATION OF THE PROCEDURE/TREATMENT DESCRIBED IN THIS FORM.

Patient's Name and Surname: Signature : Date and Time :	Name, Title, and Signature of the Informing Physician
FOR PATIENTS WITHOUT LEGAL CAPACITY (To be completed by the patient's guardian/legal representative.) Name and Surname: Signature : Date and Time :	Name, Title, and Signature of the Informing Physician
FOR PATIENTS WHO HAVE BEEN INFORMED AND/OR PATIENTS WHO ARE ILLITERATE Person witnessing that the procedure was conducted verbally Name and Surname: Signature : Date and Time :	

REFUSAL OF RECOMMENDED PROCEDURE/TREATMENT

**I DO NOT ACCEPT THE ADMINISTRATION OF THE PROCEDURE/TREATMENT DESCRIBED
IN THIS FORM.**

Patient's Name and Surname: Signature : Date and Time :	Name, Title, and Signature of the Informing Physician
FOR PATIENTS WITHOUT LEGAL CAPACITY (To be completed by the patient's guardian/legal representative.) Name and Surname : Signature : Date and Time :	
FOR PATIENTS WHO HAVE BEEN INFORMED AND/OR PATIENTS WHO ARE ILLITERATE Person witnessing that the procedure was conducted verbally Name and Surname : Signature : Date and Time:	

WITHDRAWAL OF CONSENT FOR THE PROCEDURE/TREATMENT

**I WITHDRAW MY CONSENT FOR THE ADMINISTRATION OF THE
PROCEDURE/TREATMENT DESCRIBED IN THIS FORM, WITH FULL AWARENESS OF AND
UNDERSTANDING THE POTENTIAL ADVERSE EFFECTS AND RISKS TO MY HEALTH.**

Patient's Name and Surname: Signature : Date and Time :	Name, Title, and Signature of the Informing Physician
FOR PATIENTS WITHOUT LEGAL CAPACITY (To be completed by the patient's guardian/legal representative.) Name and Surname : Signature : Date and Time :	
FOR PATIENTS WITHOUT LEGAL CAPACITY To be completed by the patient's guardian/legal representative. Name and Surname : Signature : Date and Time :	