

Informed Consent Form

Loop Recorders

By signing below, I acknowledge that my physician has discussed my treatment plan with me, and has informed me of the benefit(s) associated with having my procedure(s). My physician has also explained the associated risks involved, should I choose to decline treatment.

I acknowledge that Cardiovascular Institute of Scottsdale may forward my personal health information to the facility (or facilities) where my test(s) and/or procedure(s) are scheduled.

I understand that, as with all medical procedures, there is a potential risk of complications during, and/or after, my procedure(s). My physician has explained these risks to me. The associated risks include, but are not limited to:

- Bleeding complications, which may require a blood transfusion
- Rhythm complications, which may require electric shock therapy
- Infection, which may require antibiotic treatment
- Allergic reaction to medications
- Prolonged hospitalization

**If you do not arrive at the treating facility for your procedure at your designated check in time, your procedure may be subject to delay or cancellation.**

I acknowledge that I have read and understand this document, or that I have had an interpreter (if applicable) read the document to me, and that all of my questions have been answered.

Patient Name (please print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Name (if applicable): \_\_\_\_\_

Interpreter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Preparation Instructions for Loop Recorder Implantation Procedures**

Our procedure scheduler will contact you to coordinate the date, time, and location of your procedure. Please follow these instructions prior to your procedure:

1. Do not eat or drink anything (except for a small sip of water to take your medications) 6 hours prior to your hospital arrival time.
2. **If you are on Plavix (Clopidogrel), Effient, or Brilinta, please DO NOT hold this medication.**
3. **If you are on a blood thinner such as Coumadin, Warfarin, Pradaxa, Xarelto, Savaysa or Eliquis,** please hold this medication 2 days prior to your procedure to avoid being rescheduled.
4. You will need a driver to take you home after your procedure. You cannot drive for 24 hours after the procedure.
5. Please call the office to reschedule if you develop a fever or infection within three days of your procedure.

## **DISCHARGE INSTRUCTIONS FOR LOOP RECORDER**

1. Do not get your incision wet for **48 hours**
2. After **48 hours**, you may remove the dressing. You may wash the area gently and pat dry. Keep the incision clean and dry to enhance the healing process.
3. If steri-strips are present, remove them after **1 week** if they have not already fallen off.
4. Do not submerge the wound in a bathtub, swimming pool or hot tub for **2 weeks**.
5. A follow up appointment in the office will be needed **1-2 weeks** after your procedure. Please call the office if this has not been scheduled.