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**Heart Transplant**  
**Informed Consent**

I hereby authorize Dr. \_\_\_\_\_ to perform a Heart Transplant.

The transplant procedure may include:  Trans-esophageal echocardiogram (TEE)  
 PFO Closure  
 Tricuspid Valve Annuloplasty

I have had explained to me in connection with the proposed heart transplant the following:

- 1.) the nature and purpose of the proposed heart transplant ;
- 2.) the known risks and consequences of the proposed heart transplant including the risk that this surgery may not achieve the desired objective;
- 3.) the alternatives to the proposed heart transplant and the associated risks and benefits to such alternatives
- 4.) the reasonably known risks and alternatives to the transfusion of blood and blood products should I need a blood transfusion including but not limited to: allergic reactions such as itching, fevers, hives; infections such as Hepatitis B,C, HIV (though blood is thoroughly tested it is not guaranteed); and immune system reactions of varying degrees.

I have also been informed of, and understand, the following known risks of a heart transplant:

- Anesthesia Risks
- Kidney failure
- Stroke
- Graft failure requiring mechanical support (ventricular assist device, balloon pump, or ECMO)
- Pneumonia
- Bleeding
- Fluid collection
- Blood clots in legs or lungs
- Infection
- Rejection
- Death

Initials \_\_\_\_\_

I have been informed of, and understand, the Hartford Hospital Transplant Center's most recent SRTR (Scientific Registry of Transplant Recipients) data, my right to refuse transplant or treatment and the specific risks associated with the specific organ I am to receive. Donors are evaluated and screened according to UNOS (United Network of Organ Sharing) Policy. There is no comprehensive way to screen potential donors for all transmissible diseases and on occasion, infectious agents, donor-associated tumors/malignancies or genetic diseases may be identified and transmitted after transplant. Donor evaluation and screening results may impact post-transplant evaluation, screening and management.

Initials \_\_\_\_\_

I have been informed and understand that residents, medical students, physician assistants and/or advanced practice registered nurses may also be in attendance, and/or assisting in the performance, and/or performing significant medical/surgical tasks during the heart transplant. In addition, I understand that there may be unforeseen circumstances that are encountered while performing the above listed surgery that require the assistance of other qualified medical personnel who have not been identified.

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The Public Health Service-2013) has identified certain organs as being at higher risk of transmitting infectious disease when they are used for transplant. Receiving any donor organ carries a risk of receiving an organ with compromised function and/or the transmission of diseases despite appropriate screening and negative findings. These infectious diseases include but are not restricted to human immunodeficiency virus (HIV), Hepatitis C (HCV) and Hepatitis B (HBV).

**The heart we are offering you is at increased risk for disease transmission due to the following donor behaviors as identified by the Public Health Service. (2013)**

**Not Applicable**

- People who have had sex with a person known or suspected to have HIV, HBV or HCV infections in the preceding 12 months.
- Men who have had sex with other men (MSM) in the preceding 12 months.
- Women who have had sex with a man with a history of MSM behavior in the preceding 12 months.
- Persons who report non-medical intravenous, intramuscular or subcutaneous injection of drugs in the preceding 12 months.
- People who have engaged in sex in exchange for money or drugs in the preceding 12 months.
- People who have had sex with a person who had sex in exchange for money or drugs in the preceding 12 months.
- People who have had sex with a person that has injected drugs by IV, IM or sub-Q route for non-medical reasons in the preceding 12 months.
- People who have been in lockup, jail, prison, or a juvenile correctional facility for more than 72 hours in the preceding 12 months.
- People who have been newly diagnosed with or have been treated for syphilis, gonorrhea, chlamydia or genital ulcers in the preceding 12 months.
- People who have been on hemodialysis in the preceding 12 months. **Donors who meet this criteria are at increased risk for HCV infection only.**
- A child who is  $\leq$  to 18 months of age and born to a mother known to be infected with or at increased risk for HIV, HBV, or HCV infections.
- A child who has been breastfed within the preceding 12 months and the mother is known to be infected with, or at increased risk for HIV infection.
- When a deceased potential organ donor's medical/behavioral history cannot be obtained or risk factors cannot be determined, the donor should be considered at increased risk for HIV HBV and HCV infection because the donor's risk is unknown.
- When a deceased potential organ donor's blood is diluted (because of transfusions or intravenous fluids), the donor should be considered at increased risk for HIV HBV and HCV infection because the donor's risk for infection is unknown.

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- Chagas Disease -Recent travel of donor or donor originally from South America with risk of exposure to Tripanosoma Cruzi     Not Applicable

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### **Authorization For Heart Transplant**

The heart we are offering you is not considered a standard criteria donor heart for the following reasons:

- Not applicable
- Donor age > 45
- Undersized donor
- Wall motion abnormalities or (Left Ventricular Ejection Fractions) EF<45%
- Inotrope requirement (Medications that improve blood pressure.)
- Coronary Artery Disease
- Potential time from procurement to implant of more than 4 hours
- Structural heart disease (leaky valves, for example)

The heart we are offering you is from:

- A Hepatitis B organ donor
- A Hepatitis C NAT + organ donor
- A Hepatitis C NAT – organ donor
  
- Not applicable

I am aware that, in addition to the reasonably known risks described, there are other foreseeable known risks, which have been discussed with me, but are not listed. I affirm that I understand the purpose and potential benefits of the heart transplant, that no guarantee has been made to me as to the results that may be obtained, and that an offer has been made to me to answer any of my questions about the heart transplant. .

I agree to the use of anesthesia and/or sedation/analgesia as required, and if applicable, the disposal of any tissue removed.

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I also authorize the Hospital and the above-named physician(s) to photograph, video and /or use any other mediums which result in the permanent documentation of my image for medical, scientific or educational purposes, provided my identity is not revealed by them. I agree that any photographs taken pursuant to this authorization, which are not required by law to be retained, may be disposed of by the Hospital so long as the manner of disposition shall be permanent destruction.

This consent may be revocable by me at any time, except to the extent it has already been relied upon.

\_\_\_\_\_  
*Printed Name of Patient/Authorized Person*

\_\_\_\_\_  
*Signature of Patient/Authorized Person*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Time*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Printed Name of Provider Obtaining Consent*

\_\_\_\_\_  
*Signature of Provider Obtaining Consent*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Time*

Interpreter responsible for explaining:

\_\_\_\_\_  
*(Interpreter)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Time*

**PATIENT UNABLE TO SIGN PRIOR TO SURGERY [  ] BECAUSE:**

\_\_\_\_\_

\_\_\_\_\_ M.D.      Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ Witness      Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_