

Cardiology

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Information and patient consent form

Myocardial biopsy

Dear patient,

Based on your symptoms and the previous findings of medical examinations, a myocardial biopsy must be additionally performed.

For the clarification of your heart muscle disease, samples are taken from the heart muscle, in order to examine it under the microscope for specific heart muscle diseases. These findings may contribute significantly to the diagnosis of your heart muscle disease. This is crucial in order to plan further treatment of your condition.

Procedure of a heart muscle biopsy

To obtain a myocardial sample under sterile conditions and under x-ray control, a catheter-like instrument is inserted through a jugular vein into the right ventricle. 6-4 pieces of heart muscle of 1-2 mm size are then removed from the septum.

Possible complications

General risks include bleeding, bruising (hematoma), embolism or thrombosis in the region of the puncture site. Basically, there is little risk of injuring the pericardium, which may lead to bleeding into the pericardium (pericardial effusion). In case of a large, vessel-related pericardial effusion, a pericardial puncture may be performed for discharge of the effusion. During a myocardial biopsy, short arrhythmias often occur, which are harmless. In rare cases, these arrhythmias may persist, which then require further treatment. The medicinal products and devices that are then required are of course always available. Another rare complication is the injury of the tricuspid valve (heart valve between the right atrium and right ventricle), which can cause leakage of the heart valve. In rare cases, the puncture of the jugular vein may lead to a so-called pneumothorax.

The procedure or examination is performed under X-ray radiation. Consequently there is a certain radiation exposure, that however is kept as low as possible. Based on general considerations, in case of pregnancy this kind of examination should only be performed in emergency cases.

Space for a sketch / personal notes:

Please contact us,

if you do not understand something or if something seems to be important that was not mentioned in this document or in the personal consultation with your doctor.

Consent to data collection and transfer to the SwissCaRe National Quality Register

I agree that personal data relating to my procedure and my medical history, including my surname, first name, gender and date of birth, may be collected for quality assurance and transmitted to the SwissCaRe National Quality Register. I have been informed of the scope and purpose of the data transmission by means of the patient information document on the SwissCaRe quality register, version 1/2022. Any questions were answered. I was explained that my decision whether or not to consent to the data transfer to the registry has no influence on my treatment. I know that I can revoke this consent at any time, without giving reasons.

- YES, I agree that my personal data will be transmitted to SwissCaRe
- NO, I do not want my personal data to be transmitted

Declaration of consent

Dr. med.

held an informed consent discussion with me. I have understood the information provided to me and could make all the pertinent questions. After sufficient time to think and answering of all my questions I hereby declare myself ready for the proposed therapy. I express my consent for any follow-up procedures that may become necessary.

Signature of patient: _____

Signature of doctor: _____

Place and date: _____