

Consent for Inferior vena Cava (IVC) Filter Removal

INTRODUCTION:

You have an inferior vena cava (IVC) filter in place which is no longer needed and are scheduled to have it removed. We are asking you to read and sign this form so that we can be sure you understand the procedure and potential benefits, along with the associated potential risks, complications, alternatives, the likelihood of achieving the goals, and the recuperative process. Please ask questions about anything on this form that you do not understand.

PROCEDURE:

Removal of an IVC filter involves the insertion of a plastic tube (catheter) into a vein in your neck. Some numbing medicine will be injected in the skin over the vein before the catheter is inserted. Intravenous medications may also be given to you to make you more comfortable and relaxed. This is known as moderate sedation. Once the catheter has been placed into the vein, it will be advanced through the blood vessels and into the IVC. During this time, x-ray contrast material (x-ray dye) will be injected through the catheter and x-ray pictures taken. You may be asked to hold your breath for several seconds as these pictures are taken. During the injection of x-ray contrast material, you may experience a warm feeling or a strange taste in your mouth. Both of these sensations are temporary and will go away soon. A series of x-ray pictures will be obtained of the IVC and filter. Once the pictures are obtained, the filter will be removed through the catheter using a variety of techniques, including snares and metallic forceps. The removal procedure will be monitored with x-ray pictures. If the filter is found to be broken, the fragments will be removed using the same techniques, unless they are not accessible. If they are not accessible, options for removing them surgically versus leaving them in place will be discussed with you at a later date. At the completion of the procedure the catheter will be removed and pressure will be applied to the insertion site until the bleeding has stopped. To help prevent bleeding, it will be very important for you to lie in bed for up to four hours.

RISKS:

Risks associated with the procedure include, but are not limited to, pain or discomfort at the catheter insertion site, bleeding at the site, injury to a blood vessel, and infection which may result in an infection of the blood stream. It is possible that the IVC will develop clot at the removal site, become blocked or damaged after removal of the filter. It is also possible that the filter may break during removal, or that removal will be unsuccessful. If breakage occurs, every attempt will be made to remove all of the fragments. If they cannot be removed, options for removing them surgically versus leaving them in place will be discussed with you at a later date. Because the catheter will be passing through your heart, an irregular heartbeat is possible, usually requiring no treatment. Risks associated with the x-ray contrast material include an allergic reaction and reduced kidney function. The medications used for the moderate sedation are associated with the risks of aspiration (inhaling food or liquid into your lungs) or respiratory depression. In addition to these potential risks associated with the procedure, the x-ray contrast material, and the moderate sedation medications, there may be other unpredictable risks including death.

(Complete this paragraph if applicable or document "NA")
Due to your additional medical history of

added risks for you include but are not limited to:

ALTERNATIVES:

The main alternative to removing your filter is leaving it in place. You should discuss this possibility with your doctor, and fully understand the risks and benefits associated with removal versus leaving it in place. While surgical removal might be possible, it is not necessary except in extreme situations.

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AGREEMENT:

The information on this form was explained to me by _____. I understand the information and I have had the opportunity to ask any other questions I might have about the procedure, the reasons it is being performed, the associated risks, and the alternatives to the procedure. I agree to undergo the procedure to be performed by an authorized member of the Division of Vascular and Interventional Radiology and his/her associates, assistants, and appropriate hospital personnel, and accept the risks. I also agree that fellows, residents and surgical assistants may participate in significant tasks that are part of the procedure. In addition, I agree to have any other appropriate personnel present for the procedure.

I assign to the University of Pennsylvania Health System (“Health System”) all rights to any tissues, organs, cells, body parts, and/or body fluids that may be removed during this procedure and I authorize the Health System to use or dispose of such specimens according to its standard practices.

The University of Pennsylvania Health System routinely suspends all resuscitative aspects of living wills and Do Not Attempt Resuscitation orders during the pre-procedure, procedural and post-procedural period, unless you specifically tell us otherwise. This applies to all invasive and operative procedures.

Signature: _____ Date: _____ Time _____
Patient

Signature: _____ Date: _____ Time _____
Authorized Healthcare Professional obtaining
and witnessing patient’s signature

Signature: _____ Date: _____ Time _____
Attending physician (if applicable)

To be used if the patient is a minor, unconscious, or otherwise lacking decision making capacity.

I, _____, the _____
Relationship to patient

of _____ hereby give consent.

Signature: _____ Date: _____ Time _____
Legally Authorized Representative

Signature: _____ Date: _____ Time _____
Authorized Healthcare Professional obtaining
and witnessing representative’s signature

Signature: _____ Date: _____ Time _____
Attending physician (if applicable)

Signature: _____ Date: _____ Time _____
Witness to telephone consent

