SEMMELWEIS UNIVERSITY
Faculty of Medicine
Department of Pulmonology

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PERICARDIOCENTESIS - MEDICAL PROCEDURE

INFORMED CONSENT FORM

This is an English translation of the original Hungarian patient information and consent form.
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INTERVENTION: PERICARDIOCENTESIS

Patient's name: .....
Patient TAJ number (Social Security Number): .....
Legal representative/Patient representative: .....
Informing physician: .....

I have been informed that I have a significant accumulation of fluid around my heart, which may impair its function and cause serious circulatory problems. The recommended procedure, called **pericardiocentesis**, involves puncturing the pericardium and draining the fluid to relieve pressure on the heart.

The procedure will be performed under local anesthesia and usually with ultrasound guidance. A thin needle and catheter will be inserted into the pericardial space to remove the fluid. The catheter may remain in place for several hours or longer if needed.

I understand that all medical procedures carry some risk. The possible complications of pericardiocentesis include, but are not limited to:

- Bleeding at the puncture site
- Injury to the heart muscle or coronary arteries
- Cardiac arrhythmias (usually temporary)
- Lung injury or pneumothorax
- Liver injury (rare)
- Infection
- Re-accumulation of pericardial fluid
- Cardiac arrest (very rare)

I have been informed of alternative treatments, including surgical drainage of the pericardial fluid, and the potential risks and benefits of each option have been explained to me.

I understand the risks and benefits of the procedure and have had the opportunity to ask questions. My questions have been answered to my satisfaction. I voluntarily consent to undergo **pericardiocentesis** and authorize the medical team to perform the procedure, including any necessary interventions related to complications.

Patient Name:
_____
Date: _____
Signature: _____

Physician Name:
_____
Date: _____
Signature: _____

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