FAKULTNÍ NEMOCNICE OLOMOUC
Zdravotníků 248/7, 779 00 Olomouc
Tel. 588 441 111, E-mail: info@fnol.cz
Company ID: 00098892

Patient's informed consent for membrane-filtration plasmapheresis

Patient – name and surname:	Birth registration number (insurance number):
Date of birth: (if no birth certificate number exists)	Health insurance company code:
Patient's permanent address: (or other address)	
Name of legal representative (guardian):	Birth certificate Number:

Name of the procedure

Membrane - filtration plasmapheresis

(removal of plasma, i.e. the protein component of blood)

Purpose of the procedure

Indications for surgery:

- Diseases in which substances (for example, autoantibodies, toxic substances of high molecular weight or bound to proteins, immune complexes, multiplied types of certain blood proteins) are present in the blood plasma which damage certain organs of the patient and which cannot be removed by other means
- The procedure is always part of the complex treatment of the underlying disease.

Nature of the procedure

Membrane-filtration plasmapheresis is an instrumental method of extracorporeal blood purification. The blood flows slowly through a highly permeable plasma filter, where the plasma is separated from the blood elements. The patient's plasma is removed, replaced with an equal volume of plasma from healthy donors of the same blood group or blood protein solution and returned to the patient along with the patient's blood elements. Two to three litres of plasma are removed during one treatment, which lasts approximately two hours. According to the nature of the disease, the type of substitution (replacement) solution is selected. The severity of the disease and the response to comprehensive treatment determine how many times and how often the procedure will need to be repeated.

Access to the vascular circulation is provided by a dialysis catheter that is inserted into one of the large central veins. Low molecular weight heparin is used to prevent blood clotting in the extracorporeal system. If there is a risk of bleeding complications, heparin may not be used.

Expected benefit from the procedure

Removal of substances present in the blood plasma (for example, autoantibodies, toxic substances of high molecular weight or bound to proteins, immune complexes, multiplied types of certain blood proteins).

Alternatives to the procedure

Immunological adsorption.

Potential risks of the procedure

Complications during hemoperfusion

- Allergic reaction to foreign proteins introduced into the patient's body in the form of a replacement solution (plasma from healthy donors of the same blood group or blood protein solution)
- Body tingling with calcium loss.
- Increased risk of bleeding complications.
- Blood clotting throughout the extracorporeal system with inadequate heparinization.
- A drop in blood pressure often associated with an underlying disease.
- Complications related to vascular access (catheter in the large vein)

Consequences of the procedure

None in uncomplicated surgery.

Consent:

Note: circle your answer:

I have been clearly informed about alternatives to the procedures performed at the University Hospital Olomouc, which I can choose.	YES	NO
I have been informed about the possible limitations of the usual way of life and work capacity after the respective medical procedure, and also about changes to health capability in the event of potential or anticipated health changes.	YES	NO
I have been informed about the treatment regimen and suitable preventive measures, and about control medical procedures.	YES	NO
I understand all the explanations and information, which I received from the doctor, and I have had the opportunity to ask additional questions, which were answered by the doctor.	YES	NO

After receiving the above explanations, I hereby declare:		
- that I consent to the proposed care and performance of the procedure and, in the event of unexpected complications, to the urgent performance of additional procedures, necessary to save a life or health.	YES	NO
- that I have been honest with my doctors and have provided them with all the information about my health, which was known to me and which could adversely affect my treatment or put anyone else at risk, in particular by the spread of communicable diseases.	YES	NO
- that if necessary, I consent to the sampling of biological material (blood, urine...) for necessary tests to rule out in particular, communicable diseases.	YES	NO

Date	**Hour**	**Patient's / Legal representative's (guardian's) signature**

Name and surname of the doctor who provided the information	**Signature of the doctor who** provided the information

If the patient is unable to sign, specify the reasons for which the patient was unable to sign:			
How the patient expressed his/her will:			
Name and surname of the healthcare professional/witness	**Signature of the healthcare professional/witness**	**Date**	**Hour**