



WILSHIRE
CARDIOLOGY
GROUP

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Consent for Enhanced External Counterpulsation (EECP)

EECP is a non-surgical mechanical procedure that can reduce the symptoms of angina pectoris, presumably by increasing blood flow in areas of the heart deprived of adequate blood supply.

While EECP is performed you will be lying on a special treatment table wrapped in three sets of cuffs (large blood pressure cuffs) around your valves, lower thigh and upper thighs (including buttocks). The EECP treatment system includes a compressor that uses air to inflate and deflate these cuffs starting with the calf cuffs, then the lower thigh cuffs and then the cuffs at the upper thighs and buttocks. The pressure moves the blood from your lower limbs toward your heart. Each wave of pressure is timed to your heartbeat so the increased blood flow is delivered to your heart at the time that it is relaxed and blood flow to the heart arteries is at its peak. When the heart pumps again all the cuffs deflate at the same time. This lowers the resistance in the blood vessels of your legs and decreasing the amount of work your heart has to do to pump blood to the rest of your body.

Your signature below indicates that you (1) consent to receiving EECP treatments (2) understand that your participation in this treatment is completely voluntary (3) understand that EECP treatment is comprised of 35 one hour sessions for a period of seven weeks (4) will arrive at the treatment center in time for each scheduled appointment and allow extra time to change into appropriate attire before beginning your treatment hour (5) have received information concerning the potential benefits and possible risks of EECP (6) have had the opportunity to discuss these matters with your physician and have had your questions and concerns addressed to your satisfaction (7) know that the practice of medicine and the use of medical devices and procedures is not an exact science and have not asked for or received any guarantees from anyone associated with EECP at this center as to the results which may be obtained.

I have read this consent and I understand how the treatment will be performed. the potential benefits and possible risks. Knowing these benefits and risks and having had the opportunity to ask these questions that have been answered to my satisfaction, I consent to receive this EECP.

Signature _____ (Print Name) _____

Patient/Conservator/Guardian)

If signed by other than patient, indicate relationship: _____

Date _____

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