

PATIENT INFORMATION SHEET- PACEMAKER IMPLANT

How does my heart work?

The heart is made up of four chambers.

Blood is collected in the upper two chambers (atria) before filling the lower two chambers (ventricles).

The ventricles pump blood to the lungs and the rest of the body. The heart's natural pacemaker (the SA node) controls the heart rate, and alters the heart rate, as the body needs it. eg. exercise.

The natural pacemaker makes the ventricles pump the blood around the body. The pumping action (contraction) is felt as the pulse. This is a steady heart beat of 60-80 times a minute.

What is a pacemaker?

A pacemaker will treat a slow heart beat. It is made of two (2) parts:

- A pulse generator. This gives off impulses.
- A lead(s), which sends impulses to and from the heart.

Pacemakers "stand by" until the heart rate falls below the set rate of the pacemaker. It will then step in and "pace". The pacemaker is "programmed" to your needs by the doctor who puts the device in.

What types of pacemaker are there?

- Single Chamber – one lead to the upper or lower chamber of the heart
- Dual Chamber – two leads. One to the upper chamber and one to the lower chamber.

Your doctor will decide which suits your condition best.

Why do I need a pacemaker?

A pacemaker is put in to help the heart cope with the body's need for blood. If the heart is not able to cope, it can cause

- tiredness
- shortness of breath (feeling puffed),
- fainting.

Sometimes the natural pacemaker of the heart (SA node) stops working properly. It may

- speed up or slow down the signals it sends. If the signals are too slow, the heart does not
- pump often enough and the body doesn't receive enough blood.

Sometimes the electrical pathway between the upper and lower chambers is blocked. This is called heart block. A pacemaker acts much like the heart's normal signals. The pacemaker signals to the lower chambers to pump the blood at the right rate.

How is it put in?

The pacemaker is put in below the left or right collarbone, just under the skin.

The area around your chest and shoulder is washed with antiseptic. Sterile sheets are put over you to keep the area clean. You will have an injection of local anaesthetic into the skin.

The skin is cut to put the pacing wires (leads) into a vein. The vein leads to the heart. The leads are threaded down the vein, into the heart.

Dr Allada can see the lead using x-rays. The x-ray pictures appear on a video screen.

Once positioned in the heart, the leads are tested to make sure they are working properly. Then they are connected to the "pulse generator".

The pulse generator is placed under the skin. The skin is sewn back together.

How does it work?

Pacemakers are battery powered and will require regular follow-up.

When you come to your clinic appointment, an external machine is used to check the pacemaker. The speed of the pacemaker can be set using this machine. As part of the clinic test, the pacing speed of your pacemaker may be temporarily increased and decreased. Then it will be reset to its normal setting.

The battery cannot be recharged and is checked each time you come to your clinic appointment. The battery lasts between 6 and 8 years. If the battery needs changing, this is done the same way as the implant.

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PACEMAKER IMPLANT

When can I drive?

You cannot drive for 2 weeks after a pacemaker implant. This is the law.

What are the risks of having this done?

The risks are very small and depend on:

Your level of fitness

Your previous heart disease

How old you are

Your general health.

These are some of the more serious risks that can happen but are not the only risks:

For 1 in 25 people

- (a) The pacemaker lead can move. The lead will need to be put back into place using this same procedure.

For 1 in 30 people

- (b) Bad bruising if you are taking blood thinning drugs such as warfarin, aspirin or clopidogrel.

For 1 in 100 people

- (c) Infection of the pacemaker site. This will need treatment with antibiotics and may take a long time to heal.
- (d) A punctured lung. This may require a tube to reinflate the lung.

- (e) Blood clot in the subclavian vein (subclavian vein thrombosis)

For 1 in 1000 people

- (f) Puncture of the heart (tamponade). This can be fatal.
- (g) Blood clot in the lung. This can be fatal.
- (h) Heart attack.
- (i) Stroke. This can cause paralysis and long term disability.
- (j) Death, usually due to other heart problems.

For 1 in 150 000 people

- (k) A severe life threatening allergic reaction to medication

I acknowledge that:

Dr Allada has explained my medical condition and the proposed procedure. I understand the risks of the procedure, the local anaesthetic including the risks that are specific to me, and the likely outcomes.

Dr Allada has explained other relevant treatment options and their risks. He has explained my prognosis and the risks of not having the procedure.

I have been given a Patient Information Sheet on Anaesthesia.

I have been given a Patient Information Sheet about the procedure and its risks.

I was able to ask questions and raise concerns with Dr Allada about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that a doctor other than Dr Allada may conduct the procedure. I understand this could be a doctor undergoing further training

The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I understand that no guarantee has been made that the procedure will improve the condition.

On the basis of the above statements, **I REQUEST TO HAVE THE PROCEDURE.**

MY NOTES TO TALK TO DR ALLADA ABOUT

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