

CONSENT FORM	U.R. No	(Please place patient label here)	
	Surname		
PACEMAKER IMPLANT	Given Names		
	D.O.B.	Sex	M F
	GP		

A. INTERPRETER/ CULTURAL NEEDS

An Interpreter Service is required yes no
 If yes, is a qualified Interpreter present yes no

B. CONDITION AND PROCEDURE

Dr Allada has explained that I have the following condition:

Your condition requires a Pacemaker Implant. It will treat a slow heart beat.

The pacemaker has two (2) parts:

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

Pacemakers are battery powered.

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 Dr Allada who puts the device in.

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

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

PACEMAKER TYPES

- 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.

Dr Allada will decide which suits your condition best.

You will have the following procedure:

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.

C. RISKS OF THIS PROCEDURE

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.

