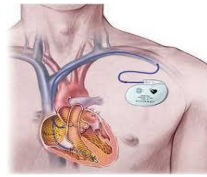


PERMANENT PACEMAKER IMPLANTATION

WHAT IS IT?

A pacemaker is an electric device that prevents your heart from beating too slowly. It consists of two parts: a generator (battery) and one or more electrodes (wires). The electrodes carry electrical impulses from the generator to your heart and makes your heart beat consistently.



PREPARATION

Do not eat or drink anything for 6 hours before your procedure. If you have diabetes you should talk to your cardiologist about your food and insulin intake as these can affect your blood sugar levels.

Also, ask your cardiologist whether you should withhold your medicines (especially blood thinning medications) before this procedure. Finally, bring your medicines to the procedure.

Your cardiologist may prescribe a sedative before the procedure. A nurse will clean and shave the area of pacemaker implantation – this prevents infection. An ECG and blood pressure monitor will monitor your heart rate and blood pressure while you lie on the table in the Cardiac Catheterisation Lab.



Injection of local anaesthetic (numbing medication) will numb the area of skin previously cleaned and shaved. Placement of the pacemaker will occur below the collar bone at the top of the chest.

The cardiologist will make a 5 to 10 cm incision and create a small pocket under the skin to hold the pacemaker. The Cardiologist will then close the incision with sutures and apply a dressing directly over this area. You will then return to the hospital ward after the pacemaker technician will check your pacemaker and your Cardiologist will review you before discharge from hospital – usually the next day.

FOLLOWING THE PROCEDURE

When you visit your local doctor 7 to 10 working days after your implantation they will remove your dressing. The dressing is waterproof. Call HeartRx on 4031 2188 promptly if you have:

- Redness, swelling, or pain around the incision site
- Fever
- Ooze or bleeding from the incision site

ACTIVITIES

It takes a few weeks for the pacemaker wire to firmly attach inside the heart. Therefore, you need to limit arm movement on the side of your pacemaker.

HOME APPLIANCES

You may use any home appliances, including electric blankets and microwave ovens. Such appliances will not harm your pacemaker.

IDENTIFICATION AND TRAVEL

You will receive a pacemaker card before leaving the hospital. **Carry this always.** There are no travel restrictions. However, your pacemaker may set off security devices in airports. If this happens, simply show airport personnel your pacemaker card.

You should read the consent form (over page) and understand the risks involved with this procedure. Please clarify any concerns or queries about this procedure with your Cardiologist before signing this form.



PERMANENT PACEMAKER IMPLANTATION

Name	Date of Birth	Medical Record Number
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I, Dr _____

have discussed with the Patient/Parent/Guardian,

the patient's present condition, alternative treatments available and have explained the risks of

PERMANENT PACEMAKER IMPLANTATION

Which may include less than 2% chance of one or more of the following occurring:

- Collapsed lung
- Bleeding/bruising
- Infection
- Lead detachment
- Blood clots in veins
- Heart attack
- Stroke
- Death

Medical Doctor's signature _____

I, _____

of _____

request PERMANENT PACEMAKER IMPLANTATION to be performed on me/upon

I also request the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with the procedure.

I understand that other unexpected operation/s or procedures may be necessary and I request that these be carried out if required.

I understand that a sample of blood may be needed to be tested, if there is any injury to either my doctor or hospital staff member during the procedure.

Although this procedure will be carried out with all due professional care and responsibility, I understand that complications may occur with any operation/procedure and I accept the possible risks associated with this procedure, I have had the opportunity to ask questions about the procedure and I am satisfied with the information I have received.

Signature of Witness to Patient's Signature

Signature of Patient/Parent/Guardian/Other
(Specify below)

Full Name of Witness (Print)

Specify other (Print)

Address of Witness

Special Provisions (if applicable)

Date

Disclaimer: This brochure has been prepared by HeartRx for informational purposes only and is not medical advice. All care has been taken to ensure the accuracy of information, however, this information may be changed, improved, or updated without notice.