



Patient identification label

PERMANENT PACEMAKER CONSENT

PLEASE READ THE FOLLOWING INFORMATION

Your Doctor has recommended that you have a permanent pacemaker inserted because he / she is concerned about a disturbance in your heart rhythm. Your heart may be beating too slow and / or too fast or irregularly. The effect of the heart rhythm disturbance could possibly cause symptoms such as dizziness, extreme fatigue, fainting spells or shortness of breath.

A permanent pacemaker delivers electrical impulses to the heart via one or two flexible insulated wires to restore normal rhythm.

The Doctor will inject local anaesthetic into the chest wall. A small pocket will be made under the skin and the electrodes (wires) are introduced into the right sided heart chamber via a vein. The electrodes are then positioned under x-ray. The function of the electrodes is tested and when a satisfactory position is obtained the pacemaker generator is attached. The skin is sealed with dissolvable sutures (stitches) and a dressing is applied.

Before and following the procedure the Cardiologist implanting the pacemaker and the pacemaker technician will speak to you and give you information on your pacemaker and instructions on taking care of your wound. In addition you will also be given a course of antibiotics and some tablets to take for the discomfort.

In the majority of cases the pacemaker procedure is relatively simple and free of complications but there are certain risks involved that you need to be informed of. There is a small risk of infection (1 in 400), pneumothorax (collapsed lung) (1 in 50), haematoma (1 in 100) or lead migration / displacement (1 in 50).

These procedural risks will vary between individuals and depend on pre-existing risk factors and medical conditions so please discuss these issues with your Doctor if you are concerned. Your Cardiologist believes that the benefit of the procedure outweighs the risks outlined.

For this procedure we may have supplier representatives present to assist during the procedure.

CONSENT

I have read the above information and had the opportunity to ask questions and I am happy with the response. I hereby give my consent to undergo insertion of a permanent pacemaker.

Patient / Guardian: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
Signature Print Name Date

Doctor: \_\_\_\_\_
Signature Print Name

Interpreter: \_\_\_\_\_
Signature Print Name

FURTHER PATIENT DECLARATION

I have received a copy of the "Outcome Data Information Sheet" and I have read and understood my Rights and Responsibilities.

Patient / Guardian: \_\_\_\_\_
Signature Print Name