



Patient identification label

IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) CONSENT

PLEASE READ THE FOLLOWING INFORMATION

Your Cardiologist has recommended that you have an implantable cardioverter defibrillator (ICD) inserted because he / she is concerned about the potentially life threatening heart rhythms that you have experienced or that your Cardiologist has been able to identify. Your ICD acts like a pacemaker but also has the ability to deliver a shock to your heart to terminate potential life threatening rhythms. Your ICD is placed under the skin below your collar bone in the same position as a pacemaker.

In order to correctly insert the device and check the correct functioning of it, you will require a general anaesthetic. Your anaesthetist will advise you of the risks associated with your general anaesthetic. A small pocket will be made under the skin and the electrodes (wires) are introduced into the right side of the heart via a vein. The electrodes are then positioned under x-ray. The function of the electrodes and the defibrillator are tested whilst you are anaesthetised. The skin is sealed with dissolvable sutures (stitches) and a dressing is applied.

Before and following the procedure the Cardiologist implanting the ICD and the pacemaker technician will speak to you and give you information on your ICD 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. It is imperative that you inform the nursing and medical staff if you have had a previous allergic reaction to any antibiotics.

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 an implantable cardioverter defibrillator.

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