



Patient identification label

LEAD EXTRACTION CONSENT

Your Doctor had recommended that you have your pacemaker and / or previously inserted pacing leads removed. There are a number of reasons why you may have to undergo this procedure but the most common indication is due to an infection. Your Doctor will discuss with you the specific reasons for undergoing this procedure.

A lead extraction is associated with a number of risks however it is important to understand that the risks associated with **not** having this procedure are much greater. Your Doctor will discuss this with you.

In order to perform this procedure you will require a general anaesthetic. Your Anaesthetist will advise you of the risks associated with your general anaesthetic. Your Doctor may be required to insert a temporary pacemaker through the femoral vein in your groin during the procedure to act as your heart's pacemaker for a period of time.

Risks that you need to be aware of can be severe in 2.5% of all cases. These can include a collection of blood around the heart or lungs, a blood clot in the lungs and a tear in the heart muscle. There is also a 0.6% risk of death associated with this procedure.

You will most likely have a transoesophageal echo (TOE) as well to look closely at the inside of your heart using ultrasound. An ultrasound probe (tube) is passed into the food pipe (oesophagus) so that your Doctor can accurately visualise the valves and chambers of your heart. A TOE is a relatively simple procedure with a rare risk (1 in 1000 chance) of oesophageal perforation.

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.

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 a lead extraction and TOE.

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 Date