

## Cardiology

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### Information and patient consent form **Replacement of cardiac pacemaker**

Dear patient,

As part of the routine inspection of your cardiac pacemaker, we recently found that its battery has reached the end of its lifetime. For this reason, you were here referred here at USB to get your cardiac pacemaker replaced.

#### **Operation procedure:**

Basically, the procedure is performed similarly to the initial implantation of cardiac pacemaker. In the area of the pacemaker, local anesthesia is performed and then the pacemaker is exposed by a small incision. The electrodes that are still functional are pulled out and attached to the new pacemaker; this is immediately active. Following this, the subcutaneous fatty tissue and skin are closed with sutures. In the operating room, the cardiac pacemaker is examined and the same settings are applied as with the old pacemaker.

The procedure or examination is performed under X-ray radiation. Consequently there is a certain radiation exposure, that however is kept as low as possible. Based on general considerations, in case of pregnancy this kind of examination should only be performed in emergency cases.

#### **Potential complications:**

Usually, the electrodes can be left. Therefore, many of the complications that are possible during the initial pacemaker implantation are excluded here. However, haematomas may still occur in the area of the pacemaker, but these are large in very rare cases where the wound may have to be opened again (<1%). From several studies, it is known that after pacemaker replacement, infections may be acquired in the long-running at the surgical site in 1-2% of cases. The respective approach in such a rare case must be discussed individually.

#### **Follow-up control after replacement of a pacemaker:**

The pacemaker checks will be performed just as before at either the University Hospital Basel and by your supervising cardiologist. Usually an initial inspection after one year is acceptable. If dissolving sutures were used, we recommend a wound-control 10-12 days after surgery and if non-dissolving sutures were used, they would have to be drawn 10-12 days later by the family doctor.

**Space for a sketch / personal notes:**

**Please contact us,**

if you do not understand something or if something seems to be important that was not mentioned in this document or in the personal consultation with your doctor.

**Declaration of consent**

Dr. med. ....

held an informed consent discussion with me. I have understood the information provided to me and could make all the pertinent questions. After sufficient time to think and answering of all my questions I hereby declare myself ready for the proposed therapy. I express my consent for any follow-up procedures that may become necessary.

Signature of patient: \_\_\_\_\_

Signature of doctor: \_\_\_\_\_

Place and date: \_\_\_\_\_

**Consent to data collection and evaluation**

I agree with the collection and analysis of scientific data of my treatment in an encrypted, electronic form. If necessary, the traceability of data for quality assurance is ensured. We assure you with an unrestricted right of access to inspect the data archived about you.

Signature of patient: .....

Place and date: .....