

Cardiology

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Information and declaration of consent **ICD shock control**

Dear patient,

For a certain reason, which was specified to you in advance by your attending physician, the ICD (defibrillator) must be tested on you again. To make sure that you do not find the defibrillator unpleasant, a light anesthesia is necessary.

ICD shock control

Firstly, a cannula is inserted into the vein. Medications are then injected via this cannula. You will fall into a deep sleep within 1-3 minutes. Thereafter, the heart is stimulated and a so-called ventricular fibrillation (arrhythmia) is induced with a special technical mechanism. The defibrillator will detect this ventricular fibrillation and end it with an electric shock. If this is not possible for some reason, we will deliver an electric shock via the external defibrillator, which ends the arrhythmia. You will not feel any of these procedures.

After the shock test

After a monitoring period of about one hour, you can go home again. Before going home, the physician will give you the results and discuss with you any measures that

should be taken. We advise you not to drive the car by yourself, but to use public transportation or have someone to drive you or accompany you to hospital

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 for catheter ablation

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: