

Cardiology

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Information and patient consent form **Implantation of a cardiac pacemaker**

Dear patient,

Your doctor has determined,

that your pulse is too slow, which caused your symptoms or that it is not possible for you to achieve a rapid pulse with medication without a pacemaker, which is why he advised the implantation of a pacemaker.

Functioning of a cardiac pacemaker and the interventional procedure:

A cardiac pacemaker is a small device that monitors the heart beat regularly and releases impulses if it drops below a preset limit to accelerate it again. The pacemaker is implanted under the skin in area of the breast usually on the left side. One or more probes are inserted under X-ray control into the heart and then connected to the pacemaker. The skin is then closed again.

Potential complications:

The local anaesthesia, which is necessary for the implantation of the cardiac pacemaker, briefly leads to an unpleasant, burning sensation. After this, the surgical field is usually fully anaesthetised. Occasionally, a haematoma may be formed in the area of the surgical wound, especially if blood-thinning drugs are taken. In exceptional cases, the introduction of the probe can cause an injury to the vessels, heart valves or the heart muscle itself, and possibly even bleeding into the pericardium. If thus the heart function is impaired, the blood must be withdrawn with a syringe. An emergency surgery is very rarely required. If the vein below the sternum needs to be injected with a syringe for insertion of the probe, this may lead to an injury of the lung and formation of an air outlet into the chest cavity. This air must be evacuated under certain circumstances.

Severe damage to health or even death as a result of technical failures are very rare. Complications resulting from the implantation of a pacemaker are usually rare and present a much lower risk in your case than in avoiding a pacemaker.

Follow-up checks:

These are carried out routinely on the day after the implantation, after 3 months and then at yearly intervals on an outpatient basis at the USB or by your cardiologist.

- For the treatment of heart failure, an additional probe is implanted that specifically stimulates the left main chamber. This probe is advanced to the heart like the other, above-mentioned probes and then inserted into a special vein (coronary sinus). The insertion of this probe is a technically sophisticated process and can prolong the op-

eration significantly. In rare cases (less than 1%), there may be an injury of a blood vessel (coronary sinus), which may lead to bleeding into the pericardium. Then this blood must be removed with a syringe. In about 5% of the cases, the probe may simultaneously irritate the diaphragm, resulting in an unpleasant twitching of the diaphragm. However, this twitching can almost always be healed by reprogramming the device.

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: