

## Cardiology

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### Information and patient consent form **Replacement of a cardioverter defibrillator (ICD)**

Dear patient,

As part of the routine inspection of your defibrillator (ICD), 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 ICD replaced.

#### **Operation procedure:**

Basically, the procedure is performed similarly to the first insertion of the defibrillator. The procedure is usually performed under local anaesthesia, assisted by sedatives and painkillers. After a skin incision, the old defibrillator is exposed, the probes are screwed off and the new device is screwed on. The usual measurements are carried out like they are in the routine inspections as well. You will then receive a potent, short-lasting sleeping pill. This is necessary because we still have to test the ICD. Through the ICD a high energy shock will be delivered synchronous to the heartbeat. This testing is needed to ensure that the whole system (ICD, probes) remain intact. Following this, the usual wound closure is performed. In the operating room, the ICD is examined and the same settings are applied as with the old ICD.

#### **Potential complications:**

Usually, the electrodes can be left. Therefore, many of the complications that are possible during the initial ICD implantation are excluded here. However, haematomas may still occur in the area of the ICD, 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 ICD 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 checks after replacing an ICD:**

The ICD-checks will be performed just as before at either the University Hospital Basel and by your supervising cardiologist. Usually the first follow-up control after 6 months would be acceptable. If dissolving sutures were used, we recommend a wound-control 10-12 days after surgery and 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: .....