

Cardiology

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Information and patient consent form

Implantation of a long-term ECG device (Reveal LinQ)

Dear patient,

You were referred to us for the implantation of a Reveal recorder. The Reveal LinQ is very small (40x5x2 mm) and is used to continuously record your ECG to analyse it in case of certain symptoms. Mostly it comes down to the clarification of fainting where it has to be determined whether a slow or fast heart rhythm is the cause for it.

Implantation:

For this intervention, only a local anaesthetic is necessary. The Reveal is implanted on the left side of the sternum either parallel to or at a 45° angle toward the nipple. It is important that the device is present at the left side as it should show the electric potentials of the heart as well as possible. A nearly 1 cm wide cut is made, after which the small device can be inserted under the skin using a kind of a syringe. The wound can be closed with a small skin patch (Steri Strips); a suture is usually not required. The procedure takes only a few minutes.

Possible complications and follow-up checks:

After the intervention, you may go back home or to work. An impairment is not expected. The only complication that may occur is a small local haematoma. After the procedure, you will get a mobile device, regarding the use of which you will be instructed. This device makes it possible to transmit data from Reveal LinQ to a special server during the night and thus to reach us. We may then immediately analyse and notify you if irregularities occur in the heartbeat. The Reveal LinQ can be removed if a clear diagnosis could be made or at the latest when the battery runs low, which usually occurs after 2-3 years. The device can, however, also be left under the skin.

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: