



Patient Label

### Implantable Biventricular Cardioverter Defibrillator (ICD) Consent

Your Doctor has recommended that you have an implantable biventricular cardioverter defibrillator (BiV ICD) inserted because it has been identified that you are at risk of life threatening heart rhythms.

The BiV ICD is indicated for you also because of the severity of your heart failure (NYHA III/IV) and the pattern of your heart conduction shown on your ECG (LBBB). A BiV ICD is similar to a standard pacemaker except it has an additional lead that is placed in the coronary sinus to help improve the pumping action of your heart and the symptoms that you are currently experiencing.

The BiV ICD is a pacemaker but also has the ability to deliver a shock to your heart to terminate fast and potentially life threatening heart rhythms. A BiV ICD can improve your heart muscle function.

To insert the BiV ICD and to check the correct functioning of it, you will have either a general anaesthetic or intravenous sedation. Your anaesthetist will advise you of the risks associated with general anaesthesia.

A pocket will be made under the skin on the chest wall and the electrodes (wires) are introduced into the right side of the heart via a vein. One is placed in the right atrium, one in the right ventricle and the third is placed in the coronary sinus. Gaining access to the coronary sinus can be difficult so the procedure time can be prolonged. The electrodes are placed under x-ray guidance. The function of the electrodes and the defibrillator are tested whilst you are asleep. The skin will be closed with absorbable sutures (stitches) and a dressing applied. Before and following the procedure the cardiologist implanting the BiV ICD and the pacemaker technician will speak to you and give you information about the device and instructions on taking care of your wound. You will be given a course of antibiotics and some tablets to take for the discomfort. It is imperative you tell the nursing and medical staff if you have had a previous allergic reaction to antibiotics.

In the majority of cases the BiV ICD procedure is relatively simple and free of complications but there are certain risks that you need to be aware of. The coronary sinus is unable to be found in a number of people (1 in 45) due to natural differences. There is a small risk of infection (1 in 400), pneumothorax (collapsed lung)(1 in 50), haematoma (1 in 100) or electrode migration/displacement (1 in 50)

These procedural risks will vary between individuals and depend on pre-existing risk factors and medical conditions so please discuss these with your doctor. Your cardiologist believes that the benefit of the procedure outweighs the risks outlined.

For this procedure we may have supplier representatives present to assist.

#### CONSENT

I have read the above information, and discussed it with my doctor (named below). I understand the nature of the procedure and that it carries risks. The doctor has told me that medicines, blood transfusions or other treatments may be needed and that these may have some risks. I hereby give my consent to undergo a BiV ICD.

Patient/Guardian: \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Doctor: \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Interpreter: \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Pt Label

**BLOOD TRANSFUSION**

I consent /I do not consent to a blood transfusion if needed. (Circle one)

Patient/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FEMALE PATIENTS (under the age of 50yrs)**

It is recognised that *ionizing radiation and/or contrast media* used for your procedure can be harmful to an unborn child. It is the policy of Sutherland Heart Clinic that females who are pregnant or suspect that they are pregnant should **not** have an exam that uses ionizing radiation unless their doctor determines the exam is medically necessary.

**If you are pregnant or currently breast feeding you must tell nursing or medical staff.**

Your referring doctor should have arranged a pregnancy test (bHCG) at the time of your referral to SHC, **no more than 2 weeks prior to your procedure.**

**If no test was taken prior to your arrival at SHC:**

I consent to having a pregnancy test prior to my procedure, and to discuss the results (and risk of proceeding) with my physician. I understand this may delay my procedure.

Patient Declaration \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

***If no Anaesthetist, Cardiologist is to assess and circle ASA Rating***

**American Society of Anaesthesiology (ASA) Physical Status Classification System**

- ASA I** : A normal healthy patient.
- ASA II** : A patient with mild systemic disease.
- ASA III** : A patient with severe systemic disease that limits activity but is not incapacitating.
- ASA IV** : A patient with incapacitating systemic disease that is a constant threat to life.
- ASA V** : A moribund patient not expected to survive 24 hours with or without operation.
- ASA E** : Emergency operation of any variety;  
E Precedes the number, indicating the patient's physical status.

Doctor's Signature..... Print Name ..... Date .....