



Pt Label

**DEFIBRILLATOR (ICD) GENERATOR CHANGE CONSENT**

Your Doctor has recommended that your current defibrillator needs to be replaced as the battery has limited reserve. The Doctor will inject local anaesthetic into the chest wall and a new pocket will be made under the skin if necessary. The function of the electrodes may be or may not be tested and the new defibrillator generator will be attached to the existing electrodes. The device will then be tested and you will receive a short term anaesthetic from the anaesthetist. The skin is sealed with dissolvable sutures (stitches) and a dressing will be applied.

Before and following the procedure the cardiologist implanting the defibrillator and the pacemaker technician will speak to you and give you information on your defibrillator and instructions on taking care of the wound.

In addition, you will also be given a course of antibiotics and some tablets to take for the discomfort.

In the majority of cases the pacemaker procedure is relatively simple and free of complications but there are certain risks involved that you need to be informed of. There is a small risk of infection (1 in 400) and haematoma (1 in 100).

These procedural risks will vary between individuals and depend on pre-existing risk factors and medical conditions so please discuss these issues with your Doctor if you are concerned. Your Cardiologist believes that the benefit of the procedure outweighs the risks outlined.

For this procedure we may have supplier representatives to assist during the procedure

**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. I have been given the opportunity to ask questions regarding this procedure and they have been answered to my satisfaction. I am aware that anaesthetics, medicines, blood transfusions or other treatments may be needed and that these may have some risks. Whilst all professional, legal and moral duty of care will be given to me during this procedure, I may not get the expected result. I hereby give my consent to undergo a Defibrillator Generator Change.

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

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

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



Patient 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 .....