



**PERMANENT CARDIAC PACE MAKER  
INFORMED CONSENT FORM**



<b>DOCUMENT NO</b>	<b>RB.FR.</b> 34	<b>FIRST PUBLISHING DATE</b>	23.06.2011	<b>REVISION DATE</b>	01.04.2016	<b>REVISION NO</b>	1	<b>PAGE NO</b>	1/3
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**Revision Cause:** Document number has been modified.

**PATIENT'S**

**Name Surname:**.....

**Birthdate :**.....

**Hospital Admission Date:**.....

**Hospitalization Date:**.....

**Protocol Number:**.....

**Telephone Number:**.....

**Address:**.....

.....

**I- WRITTEN CONSENT**

**This section will be read and filled by the patient .**

**Dear patient, please read this form carefully:**

- It is your most natural right to have information about your medical condition and the intervention / treatment that is recommended to you for the treatment of your disease.
- Information about the suggested intervention / treatment is available in the second section of the form. You have the right to request a copy of the pages 3 and 4 of this form for yourself.
- The purpose of these statements is to inform you about the decisions about your health.
- After you have learned the benefits and potential risks of diagnostic procedures, medical and surgical treatments, it is up to you to decide whether or not to consent to the procedure.
- If you do not consent to the proposed initiative / treatment, you should fill the Part 3 of this form.
- You have the right to withdraw your consent at any time, even if you have signed the consent document for intervention / treatment. However, you should remember that, "legally," you can withdraw your consent after the intervention has begun only if there is no medical inconvenience. If you withdraw your consent to the initiative / treatment, you should fill the Part 4 of this form.
- If you have any questions other than those mentioned here, it is our duty to answer them.
- I have received information about the operation / medical-surgical treatment related to the diagnosis and treatment of my medical condition.
- I understand and agree that any additional action, other than those described in this form, may only be carried out to prevent serious harm to my health and to save my life.
- Since our institution is a training hospital, I understand and accept that the intervention / treatment may be carried out by an assistant / research assistant doctor under the supervision and responsibility of a physician (professor, superintendent, assistant superintendent, chief



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assistant, specialist) in charge of education, but the physician who will perform the initiative under any circumstances will be in sufficient experience.

- I have been informed about complications and possible risks.

I have been informed about risks that may threaten my health if I refuse to accept these diagnostic and therapeutic methods, and there is another medical method that can be used instead of this treatment.

## **II. INFORMATION ON PERMANENT CARDIAC PACE MAKER:**

Did you know that our heart has a system similar to a city's electrical grid ? In fact, the warnings from the sinus node in the right atrium go to the ventricles through specialized conduction pathways, by waiting for a short while at atrioventricular node which is the atrium between the ears, therefore the electrical stimulus produced in the center of the heart is transmitted to the heart muscle cells and the heartbeat is achieved.

### **• When a pacemaker is required?**

If the Warning Center (sinus node) is unable to generate adequate speed warnings or if there is any interruption in the transmission pathways and this conditions leads to slow heart beats, the pacemakers are required to provide the necessary heart rate to sustain the normal life of the patient.

Permanent pacemakers are advanced technologically advanced products that continuously feel the heart's operation and, if necessary, activate itself. In some types, they respond quickly when the patient needs to increase his or her heart rate. Thus, complaints fainting, badness, dizziness, shortness of breath duw to slow heart rate will be terminated and quality of life will improve.

### **• How is a pacemaker inserted?**

In general, the procedure is performed under local anesthesia, and electrodes are inserted into one or both ventricles of the heart through large veins that go to the heart in the chest, and connected to a generator placed under the chest skin. This is usually a procedure that takes 30-60 minutes. Hospitalization may last for 2-5 days.

### **• Could there be undesired conditions associated with pacemaker, what is the risk of the procedure?**

Permanent pacemaker application is a small-scale surgical procedure. Therefore, some complications may occur in practice. However, the risk of complications in these procedures is very low and often does not have vital importance. Among the undesired conditions that may occur during the application are the rupture of the lung membrane during vascular access, bleeding and rhythm disorders due to the injection of the needle into the artery instead of the vein. This is a rare condition, although wound site infection is possible after the procedure. To prevent this, preventive antibiotic therapy will be given. In long term, sometimes occlusion in veins to which the electrode wires applied and related problems (arm and face swelling, veins become visible anterior to chest) may occur.



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In rare cases, after the pacemaker is inserted, the battery generator or cables may come out of the skin. In this case, the permanent pacemaker may need to be re-opened to repair the pocket.

You may need to lie down 24 hours after the application. Stitches will be removed 6-10 days after the procedure. After inserting a permanent pacemaker, there will usually be no significant change in your life. However, your physician will inform you about the behavior and environmental conditions that may adversely affect your pacemaker.

In patients who need permanent pacemaker therapy that may be vital, there is no other treatment method that can replace this therapy. When the battery is discharged on average after 5-6 years, only the generator of the battery will be replaced and the wires will not be changed. After the battery is inserted, you will need to be checked by your doctor with certain intervals.

**I READ AND UNDERSTOOD THE “PERMANENT PACEMAKER INFORMATION FORM” CONSISTING OF 1 PAGE ABOVE.**

**I HEREBY ACCEPT THE APPLICATION OF THE INTERVENTION/TREATMENT DEFINED IN THIS FORM.**

**(Patient shall write the sentence above in his/her own handwriting.)**

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