

## Space for Medical Institution Name and Logo

2000 יולי/OCARD ט 0000/3780/0187/

### טופס הסכמה: השתלת קוצב לב

## CONSENT FORM: PACEMAKER IMPLANTATION

Pacemaker implantation is intended to protect the patient from a reduced heart rate that is liable to endanger him with fainting or even cardiac standstill. The implantation consists of the insertion of electrodes through veins into the heart, fixing them in the heart under x-ray screening, fitting the pacemaker and fixing it under the skin.

The treatment is usually carried out under local anesthesia with or without giving a sedative.

Name of Patient: \_\_\_\_\_  
Last Name First Name Father's Name ID No.

I hereby declare and confirm that I received a detailed verbal explanation from:

Dr. \_\_\_\_\_  
Last Name First Name

regarding the need to implant a pacemaker (henceforth: "the primary treatment").

It has been explained to me that in most cases after implantation of a pacemaker, the appearance of a reduced heart rate will be avoided.

I hereby declare and confirm that I have received an explanation regarding the side effects of the primary treatment, including: pain and discomfort in the region of the implantation of the pacemaker, which is liable to disturb movements of the hand on the side of the implantation.

I have also received an explanation regarding the possible risks and complications of the examination including:

- bleeding at the site of the implant that may sometimes require opening and drainage.
- damage to the pleura (covering of the lung) and the possibility of puncture of the lung by a needle, which sometimes requires insertion of a drain into the chest cavity
- perforation of the heart wall that is liable, rarely, to cause significant leakage of blood that will require drainage of the pericardial cavity by needle puncture and sometimes an urgent operation.
- displacement of one of the electrodes that will require a repeat procedure to replace it correctly.
- infection in the region of the procedure that is liable to warrant removal of the appliance and sometimes also prolonged antibiotic treatment.
- development of severe rhythm disturbances during the procedure that are liable to require administration of medicines or electric shock in order to stop them.

The frequency of each of the above complications is relatively low. In rare cases these complications are liable to cause death.

I hereby give my consent to perform the primary treatment.

I also hereby declare and confirm that I received an explanation and understand the possibility that during the primary treatment the need to extend or modify it, or perform additional or different procedures, may arise, in order to save my life or prevent physical harm, including additional surgical procedures that cannot



**Israeli Medical Association**

Israel Heart Society

The Israel Working Group on Pacing and  
Electrophysiology



**Medical Risk Management Co.**

