

CONSENT FOR PACEMAKER AND/OR DEFIBRILLATOR WITH LEAD EXTRACTION AND/OR REVISION/GENERATOR EXCHANGE

DOCTOR(S) _____ and/or physician associates has/have discussed my medical problem with me and has/have explained the following procedure(s) to be undertaken in lay terms completely understandable to me. I understand that my physician/surgeon may designate assistants, associates, residents, interns, technical assistants, and other health care providers as deemed necessary to assist him/her with the procedure(s) listed below.

- Implant of Pacemaker and Lead Insertion
- Implant of Automatic Defibrillator and Lead Placement
- Implant of Biventricular Pacemaker
- Implant of Automatic Defibrillator with left ventricular lead placement for biventricular Pacing
- Pacemaker Generator Exchange
- Automatic Defibrillator Generator Exchange
- Pacemaker and/or Defibrillator lead Extraction

1. I have been fully informed and understand the potential benefits, risks and side effects of this care and also the likelihood of achieving goals related to this procedure. Any potential problems that might occur during recuperation have been explained to me. I have also been informed about reasonable alternatives and the risk of not receiving this procedure.
2. I have been fully informed of and understand the complications and the medically acceptable alternative(s) to the above-describe procedure(s). These risks or complications may include but not limited to:

Fainting; Very fast or very slow heart; Infection; Loss of blood; Pain; Allergic reaction; or Perforation of the blood vessel or other damage to the arteries requiring an emergency surgical procedure to restore circulation. A very small percentage of patients who have the above procedures performed develop more serious complications such as Heart Attack; Heart failure; and rarely paralysis or loss of a limb; stroke; or death. Pericardial Effusion with may require surgical drainage/intervention.

3. I understand that my physician may discover other or different conditions which may require different procedures than those planned. If any unforeseen condition should arise during the course of the procedure, I do hereby authorize and request that the physician/surgeon and such associates, technical assistants, and other health care providers take whatever steps necessary to perform whatever procedure(s) they deem advisable, which may be in addition to or different from those now planned and have been discussed with me.
4. I have been made fully aware and acknowledge that the practice of medicine and surgery is not an exact science and that no guarantees or assurances have been made to me regarding expected outcomes. Although this procedure and its complications have been explained to me, I acknowledge that I have been given no guarantee against complication or assurance of success from the physician who explained the procedure to me. I know I have been given free choice to accept or reject any or all of the above procedures to be performed.
5. I consent to the proposed procedures(s) by the above physician(s) and (their) associates

JFK Medical Center, Atlantis, FL 33462
CONSENT-PACEMAKER-DEFIBRILLATOR WITH LEAD
EXTRACTION OR REVISION-GENERATOR EXCHANGE



Patient Identification/Label

