

# Generator or 'box' changes for your implantable device

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## What is a generator?

The generator (sometimes called the 'box') is the battery that powers your pacemaker. It provides the power for the electronic pulse generator to stimulate your heart to beat in a regular rhythm

## Why do I need this procedure?

You will already have an artificial pacemaker implanted (fitted) because you have an abnormal heart rhythm. The pacemaker will last for years but the batteries will eventually run down (approximately 7-10 years) and then it will have to be replaced. Your procedure today is to replace the battery to ensure the pacemaker can continue working.

## What does it involve?

You will usually come in to hospital on the day of your procedure. A nurse will complete a pre-procedure checklist and you will be given a hospital gown to change into. A specialist doctor will explain the procedure to you and ask you to sign the consent form to confirm that you understand the procedure and agree to go ahead with it. Please ask any questions you want. A porter will take you to the Cardiac Catheter Lab where you will have the procedure.

1. You will lie on a table, which can be moved around.
2. You will have an injection of local anaesthetic (which numbs the area) and you may also be given a sedative to make you feel relaxed and sleepy. Antibiotics will be given into a vein before we begin. We may give intravenous painkillers.
3. A small cut is made, which may be through the original incision or may be in a new place. The pacemaker's old generator (which is positioned underneath your skin) is replaced, usually leaving the original leads in place. Occasionally the original leads will also need replacing, which carries a slightly higher risk.
4. The wound is closed using dissolvable stitches or skin glue.

(If your heart is dependent on your pacemaker to make it beat, you may be attached to an external pacing machine whilst the generator is changed).

## How long does it take?

The procedure takes about 30-45 minutes.

## Will I have any pain or discomfort?

Once the skin is numbed using local anaesthetic it should not be painful. If you feel any pain you should inform the staff.

## What happens afterwards?

You will return to the ward to recover for about an hour and can then go home. Once fully awake you will be able to eat and drink. Please ask for painkillers if you need them.

You will be given a new pacemaker registration card which you must carry with you and show to any medical professionals that are treating you.

**When can I resume driving?**

You will not be able to drive for one week. If you drive a vehicle for which you need a special licence (LGV/PVC) you will not be able to drive for at least 6 weeks.

**How long will my new generator last?**

The batteries will eventually run down (approximately 7-10 years) and then it will have to be replaced.

**Are there any risks?**

There is a small risk of bleeding and infection to the incision site. Electrodes leading from the pacemaker generator to the heart may occasionally become displaced during the procedure.

**Will I need further appointments?**

Yes, you should attend regular check-ups at the pacemaker clinic.

**Any questions?**

If you need any more information or have any queries please contact the Cardiac Investigation Unit on 01872 252726.

Further support and information is available from the:

**British Heart Foundation**

08450 708070

[www.bhf.org](http://www.bhf.org)

**Arrhythmia Alliance**

Helpline - +44 (0)1789 867501

PO Box 3697

Stratford-Upon-Avon

Warwickshire

CV37 8YL

[www.heartrhythmcharity.org.uk](http://www.heartrhythmcharity.org.uk)

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

**CONSENT FORM 1**  
**PROCEDURE SPECIFIC PATIENT AGREEMENT**

NHS number: .....

Name of patient: .....

Address: .....

Date of birth: .....

CR number: .....

**Generator or 'box' changes**

*Insertion of a replacement battery for your Cardiac Implantable Electronic Device*

**STATEMENT OF HEALTH PROFESSIONAL** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

**I have explained the procedure to the patient.** In particular, I have explained the intended benefits:

- *To ensure pacemaker function continues for another 7-10 years*

**Significant, unavoidable or frequently occurring risks:**

- *Bleeding, bruising, infection (1-2%) and pain*

**Uncommon but more serious risks:**

- *Damage to existing leads requiring lead replacement*

**Uncommon possible later issues:**

- *Major bleeds needing re-exploration, infection, scarring*

**Any extra procedures which may become necessary during the procedure:**

- *Blood transfusion (required very infrequently)*
- *Femoral temporary pacemaker insertion*
- *Other procedure (please specify):*

**I have also discussed what the procedure is likely to involve,** the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

**I have given and discussed the Trust's approved patient information leaflet for this procedure: Generator or 'box' changes for your implanted device (CHA3645) which forms part of this document.**

**I am satisfied that this patient has the capacity to consent to the procedure.**

This procedure will involve:  General and/or regional anaesthesia  Local anaesthesia  Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

**STATEMENT OF INTERPRETER** (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

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**STATEMENT OF PATIENT**

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I understand** that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

**I have received a copy of the Consent Form and Patient Information leaflet: Generator or 'box' changes for your implanted device (CHA3645) which forms part of this document.**

Patient signature: ..... Name (PRINT): ..... Date: .....

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: ..... Name (PRINT): ..... Date: .....

**CONFIRMATION OF CONSENT** (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

**Important notes** (tick if applicable):

See advance decision to refuse treatment  Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: ..... Name (PRINT): ..... Date: .....

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