

WHAT IS IT?

Cardiac Resynchronization Therapy (CRT) is a special type of permanent pacemaker or cardio-defibrillator that can help to improve heart pump function in people with an enlarged, weakened heart and symptoms of heart failure, such as breathlessness with daily activities and ankle swelling. Some patients with heart failure develop problems with the way the natural electrical impulses spread through their heart and this may cause their heart to pump in an "uncoordinated" manner.

CRT uses electrical impulses delivered via pacemaker wires to both the right and left sides of the heart (also called "biventricular pacing") to "resynchronize" the heart function. CRT consists of two parts: a generator (battery) and 3 electrodes (wires) inside the heart.

WHO WILL BENEFIT?

Only certain patients with heart failure and evidence for electrical delay in the heart (assessed from the heart tracing or electrocardiogram) appear to benefit from CRT. The response to the treatment can vary from dramatic improvements in heart function and symptoms back to near-normal in some people to no improvement in others. It is not possible to predict how much each person will benefit before the procedure is performed.

WHAT DOES THE PROCEDURE INVOLVE?

CRT is often performed as part of an implant of a cardio-defibrillator (ICD) and will occur under heavy sedation. The Cardiologist will make a 5 to 7cm incision below the collar bone after the area has been numbed with local anaesthetic and a small pocket will be made under the skin to hold the generator. The wires are then fixed into place inside the heart. The additional wire to the left side of the heart required for CRT is inserted through a special passage from within the heart. The incision will be closed with sutures and a dressing applied to the area. You will then return to the hospital ward for monitoring overnight. The pacemaker technician will check your CRT pacemaker / ICD and your Cardiologist will review you before discharge – usually the next day.

PREPARATION

Do not eat or drink anything for 6 hours before your procedure. You should enquire with your Cardiologist whether you should withhold your medicines (especially blood-thinning medications) before this procedure.

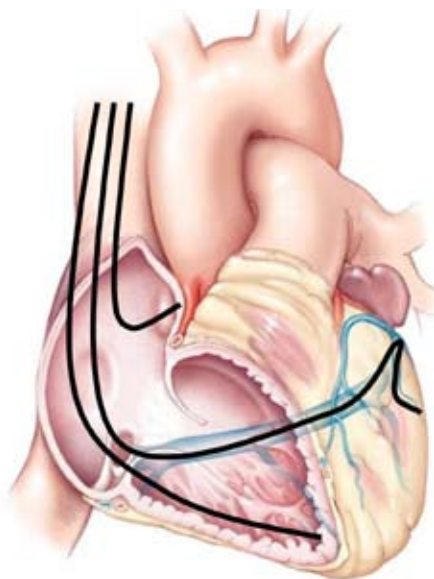
FOLLOWING THE PROCEDURE

When you visit your local doctor 7 to 10 days after implantation they will remove your dressing.

Call Heart Care Partners (07 3858 8600) or your treating Cardiologist promptly if you have:

- Redness, swelling or pain around the incision site
- Fever
- Ooze or bleeding from the incision site

Your Cardiologist will arrange regular review to check on the battery and settings of your CRT pacemaker / ICD and to adjust your medications as required.



ACTIVITIES

It takes a few weeks for the CRT wires to firmly attach inside the heart. Therefore, you need to limit arm movement on the side of your incision.

You should read the consent form (over page) and understand the risks involved with this procedure. Please clarify any concerns or queries about this procedure with your Cardiologist before signing this form.

TESTING

WESLEY HOSPITAL
3rd Floor
Wesley Private Hospital
Chasely Street
Auchenflower QLD 4066
† (07) 3870 4144
f (07) 3870 8481

MOUNT OMMANEY
Mount Ommaney
Medical Centre
171 Dandenong Road
Mt Ommaney QLD 4074
† (07) 3279 4111
f (07) 3279 4155

CLAYFIELD
Figtrees
Suite 3 1st Floor
531 Sandgate Road
Clayfield QLD 4011
† (07) 3262 7477
f (07) 3262 9631

GREENSLOPES
Suite 212 Ramsay
Specialist Centre
Greenslopes Private Hospital
Newdegate Street
Greenslopes QLD 4120
† (07) 3394 3100
f (07) 3394 3118

CONSULTING

BRISBANE METROPOLITAN
Wesley
Clayfield
Mount Ommaney
Greenslopes

QUEENSLAND
Hervey Bay
Kingaroy
Maryborough
Rockhampton
Roma
Beaudesert
Emerald
Gladstone
Gympie
Ipswich
Cleveland

Name	Date of Birth	Medical Record Number
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I, Dr _____

Have discussed with the Patient/Parent/Guardian,

Patient's name _____

the patient's present condition, alternative treatments available and have explained the risks of

IMPLANT OF CARDIAC RESYNCHRONIZATION PACEMAKER OR CARDIO-DEFIBRILLATOR

Which may include less than 2% chance of one or more of the following occurring:

- Bleeding / bruising
- Infection
- Collapsed lung
- Wire dislodgement
- Inability to position left-sided heart wire
- Death

Medical Doctor's signature _____

I, _____

of _____

Request Implant of Cardiac Resynchronization Pacemaker or Cardio-defibrillator to be performed on me.

I also request the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with this procedure.

I understand that other unexpected operation/procedures may be necessary and I request that these be carried out if required.

I understand that a sample of blood may need to be tested, if there is any injury to either my doctor or a hospital staff member during the procedure.

Although this procedure will be carried out with all due professional care and responsibility, I understand that in some circumstances the expected result may not be achieved.

I also understand that complications may occur with any operation/procedure and I accept the possible risks associated with this procedure.

I have had the opportunity to ask questions about the procedure and I am satisfied with the information I have received.

Signature of Patient/Parent/Guardian/Other (specify below)

Signature of Witness to Patient's Signature

Specify Other (Print)

Full Name of Witness (Print)

Address of Witness

Special Provisions (if applicable)

Date