



PACEMAKER, DEFIBRILLATOR PLACEMENT, BATTERY CHANGE OR UPGRADE OF EXISTING PACEMAKER PRE INSTRUCTIONS

Your pacemaker has been scheduled at Gateway Regional Medical Center on

_____ at _____ am/ pm.

You will need to be at the Outpatient Surgery Department by _____.

INSTRUCTIONS:

**PLEASE NOTE IF FOR ANY REASON THE FOLLOWING STEPS ARE OVERLOOKED IT
MAY BE DETERMINED FOR YOUR SAFETY THAT YOUR PROCEDURE BE DELAYED
OR RESCHEDULED.**

1. **NOTHING** to eat or drink after midnight the night prior to the procedure.
2. **STOP COUMADIN** (GENERIC NAME IS WARFARIN) 5 DAYS PRIOR TO PROCEDURE.
3. If you are a Diabetic, you will want to only take **HALF** of the normal **INSULIN** the morning of the procedure and **DO NOT** take any of the diabetic pills you are on.
4. If you are Allergic to **Penicillin** or **Iodine**, please let us know in advance.
5. **FOR DR. VARDI'S PATIENTS:** PLEASE **STOP** PLAVIX AND ASPIRIN 5 DAYS PRIOR TO PROCEDURES (UNLESS OTHERWISE INSTRUCTED).
6. **FOR DR. RAMADAN'S PATIENTS:** **DO NOT STOP** THESE MEDICATIONS (UNLESS OTHERWISE INSTRUCTED).
7. You may take all other medications that are not required to be taken with food; with small sips of water (if you take diuretics also known as "water pills" you may want to delay taking them until later in the evening for your comfort).
8. Plan on spending the night, you will be able to go home the next day.
9. If you are scheduled for a battery change on an existing device or a repositioning of an existing device, you will most likely be able to go home that same day.

Post Pacemaker / AICD Instructions

Pt. Name: _____

Primary Dr.: _____

Date of Insertion: _____

Cardiologist: _____

Pacer / AICD Brand: _____

YOU MAY GO BACK TO WORK & DRIVE AFTER 1 WEEK

ACTIVITY

NO LIFTING OF THE AFFECTED ARM ABOVE SHOULDER FOR 1 WEEK.

No strenuous activities: such as golfing, swimming, heavy equipment operation, etc FOR 6 WEEKS.

However, you should move arm and shoulder so it does not become stiff.

Avoid magnetic fields, arc welding, MRI scans.

You may use cell phones on opposite shoulder (ear).

You may use usual household equipment; hair dryers, microwave ovens, etc.

SIGNS TO WATCH FOR

INFECTION: Elevated temperature, chills, drainage or redness at incision (more than usual for healing).

PACEMAKER FAILURE: Dizziness, fainting, short of breath, chest discomfort, symptoms experienced prior to pacemaker insertion.

INCISION CARE

REMOVE ALL DRESSINGS, WASH DAILY with soap & water.

You may shower but protect from direct high pressure water flow (you do not want to break open the skin).

There are no sutures, steri strips (tape strips) may fall off that is fine.

Remove steri strips after 2 weeks if they are still attached.

PAIN

You may take Tylenol 325mg 2 tablets every 4 hours as needed for pain.

FOLLOW-UP

YOU MUST SEE THE DOCTOR WHO IMPLANTED YOUR DEVICE IN 4 WEEKS FOR FOLLOW-UP.

Call office to make appt 314-741-0911. Tell scheduler you need for Pacemaker follow-up with Dr. _____ in 4 weeks.

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