

PACEMAKER DISCHARGE INSTRUCTIONS

FOLLOW UP APPOINTMENTS

2 weeks after your surgery, you **must** be seen at The Huntington Heart Center located at 172 East Main Street, Huntington, NY 11743 (631-385-0022). Your appointment is scheduled for _____. Further follow-up appointments will be necessary in the future (about every six months).

Pacemaker follow-up is important to ensure that your Pacemaker continues to function correctly and give information regarding battery status.

ACTIVITY RESTRICTIONS

1. You may resume light activity the day after surgery.
2. Showering is not permitted until 5 days after the surgery.
3. Driving is prohibited until further instructions from the doctor who implanted the device.
4. For 3-4 weeks after surgery
 - a. Avoid raising arm above your shoulder. This prevents movement or accidental dislodgement of leads and promotes healing.
 - b. Don't lift more than 10 pounds.
 - c. No vigorous activity of affected arm (ex: sweeping, shoveling, swimming, golf, etc.)

INCISION CARE

1. There will be small strips of tape (called steri-strips), or glue (Derma bond) over the incision site. They may fall off naturally or the doctor will remove them at your first follow-up visit.
2. Notify the doctor who implanted your device if you develop signs of infection:
 - Fever of 101 degrees F
 - Redness, swelling or tenderness at the site
 - Drainage from the incision site

MEDICATIONS

Before you are discharged, your doctor will tell you what medications to take. Do not discontinue any medication without advice of your doctor. If you have any questions, please ask your doctor or nurse.

SAFETY PRECAUTIONS

1. **Always** carry your Pacemaker emergency card with you. We recommend applying for a Medic Alert bracelet or necklace.
2. **Always** tell medical personnel that you have a pacemaker because certain procedures may interfere with your pacemaker.
3. You may safely pass through metal detectors in airports, but your pacemaker may trigger the alarms. Show your pacemaker identification card to airport security personnel **before** passing through the detector.
4. Avoid: MRI's, heavy duty electrical equipment, and strong magnets.
5. Use cell phones on the ear opposite your pacemaker. Keep the cell phone 6" from your pacemaker.
6. Microwaves and computers will not interfere with your pacemaker.

MY SIGNATURE INDICATES

- I have received and understood the oral instructions regarding my pacemaker.
- I will arrange follow-up visits as instructed above.
- I acknowledge receipt of the written instructions as outline above.
- I will read and review these instructions.

X _____
PATIENT (or Legal Guardian)

X _____
Staff (Witness) Signature

X _____
Date