

Cardiovascular Network

Having a pacemaker fitted

Please read this booklet before your admission.

This booklet has been compiled by the Coventry and Warwickshire Cardiovascular Network from information provided by the staff responsible for cardiac services at the following hospitals:

- University Hospitals Coventry and Warwickshire NHS Trust
- George Eliot Hospital, Nuneaton
- South Warwickshire Hospitals NHS Foundation Trust

It aims to:

- give you an understanding of your heart and your heart condition and why you need a pacemaker
- provide you with the information you will need before, during and after your admission
- advise you of any lifestyle changes that you may benefit you when you return home

Please read the booklet carefully and keep it as a handy reference. Should you have any concerns or queries, remember that assistance is only a phone call away.



Patient Information

Contact details

The following are the contact numbers for the cardiology departments of the hospitals in the network. If you need advice, please ring the number of the hospital where you had your procedure done.

University Hospitals Coventry and Warwickshire NHS Trust:

024 7696 4000

Cardiac physiologist: 024 7696 6416 with answer phone

Arrhythmia Nurse Specialists: 024 7696 4794

Ward Manager for Cardiology Ward 10: 024 7696 5637

George Eliot Hospital, Nuneaton: 024 7635 1351

Graham Perry, Cardiology Nurse Practitioner: 024 7686 5195

Chief cardiac physiologist: 024 7686 5128

Cardiac physiologist (pacing lead): 024 7686 5128

Ward, CCU: 024 7686 5294

South Warwickshire Hospitals NHS Foundation Trust: 01926 495321

ECG Department, South Warwickshire Hospitals NHS Foundation Trust
01926 495321 Ext: 4127

Cardiac Catheter Laboratory: 01926 495321 Ext: 8262

Cardiology Unit Manager: 01926 495321

Malins Ward Ext: 4024

Squire Ward Ext: 4015

CCU Ext: 4011

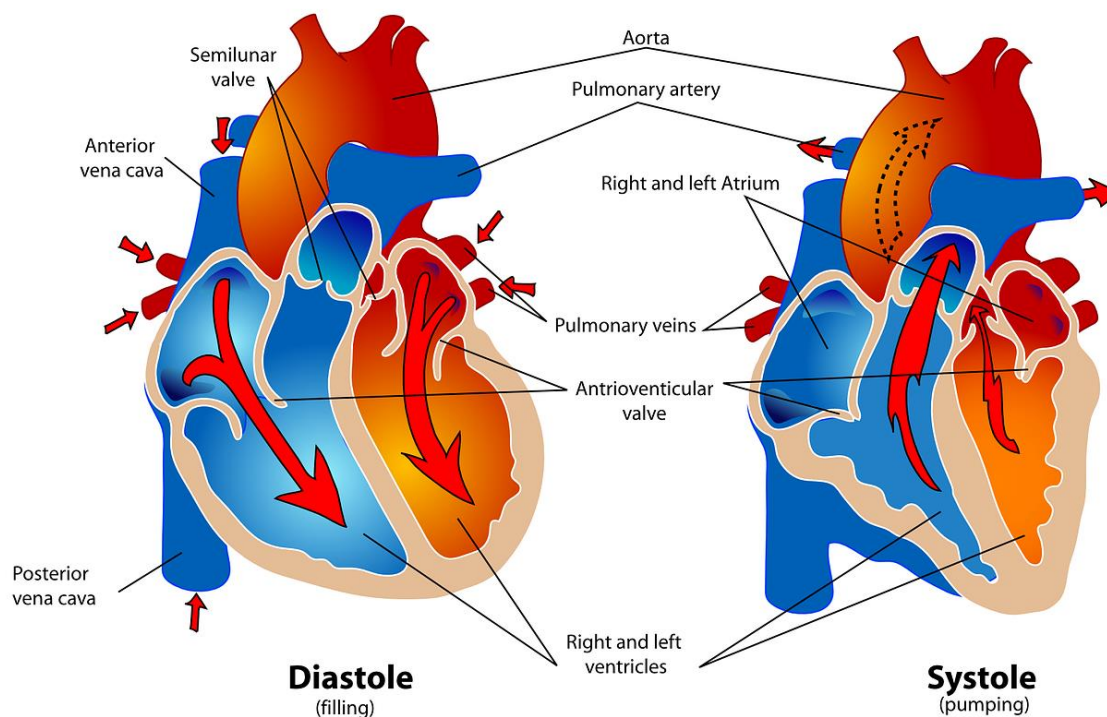
You will find other useful telephone numbers and websites at the end of this booklet.

Understanding your heart and heart condition

What is the heart?

The heart is a strong hollow muscle about the size of a fist. It lies in the centre of the chest and is tilted slightly to the left. The heart beats continuously throughout life, usually between 60-90 times per minute. It is divided into two sides left and right and has four chambers. The two upper chambers are called the atria and the two lower chambers are known as the ventricles.

The heart's job is to pump blood, oxygen, and nutrients to all parts of the body.



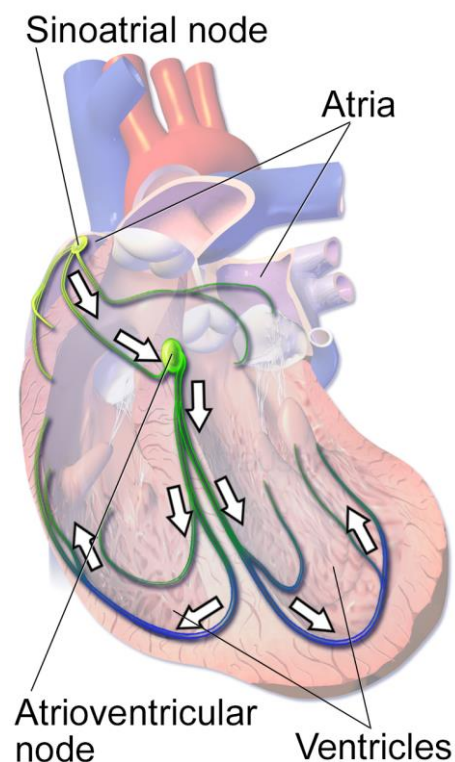
When we breathe in, we take in oxygen which is vital to keep all living tissues healthy and working well. The oxygen enters our bloodstream and the left side of the heart pumps the blood around our body via the arteries, delivering oxygen to the tissues, muscles, and organs.

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As the tissues use the oxygen, they make carbon dioxide which is removed in the bloodstream. This is taken to the right side of the heart to be pumped to the lungs where we breathe out the carbon dioxide and breathe in vital oxygen. This is a continuous process.

The pumping mechanism of the heart is controlled by electrical signals, produced in the heart's natural pacemaker called the sinus or sino-atrial (SA) node.

Below is a diagram of the complex electrical signals pathway in the heart. The green lines indicate the way that the signals pass within the heart, stimulating the heart muscle to contract and pump the blood around the heart and out to the body.



Electrical Conduction System of the Heart

"[Electrical conduction system](#)" by [Blausen Medical Communications, Inc.](#) is licenced under [CC BY 3.0](#)

If any part of this electrical pathway becomes disturbed or ceases to function properly, problems with the heart rhythm will occur and can result

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in a very slow heart beat ('bradycardia') or a very fast heart beat ('tachycardia') which will not be able to support the essential circulation of blood and, therefore, oxygen to the brain and body.

Problems with the electrical pathway are mostly seen as a result of the 'wear and tear' of ageing, but in some cases they are the result of a congenital defect affecting the younger age group in the population.

If you have a slow heartbeat, you may have a variety of symptoms such as:

- dizziness, with or without fainting
- lack of energy and fatigue
- shortness of breath and an inability to tolerate exercise or any form of exertion

In some circumstances, extreme slowing can lead to complete stoppage of the heartbeat and death.

Why do I need a pacemaker?

The electric signals needed to allow your heart muscle to pump normally have not been working properly, causing your heart to beat too slowly. This is usually as a result of a condition known as heart block or another condition known as sick sinus syndrome.

After investigation and tests your cardiologist will have explained to you that the best treatment for you will be a pacemaker, either with or without any heart medication that you may also need.

What is a pacemaker?

A pacemaker is a small, smooth metal box containing a battery powered, computerised electronic device. It has one or, more often, two leads (or wires) which are inserted into the heart, usually via the veins. The number of leads needed will depend on the findings of the investigations you have had and you could have either one placed in the right ventricle (lower chamber), or one in both the right upper and lower chambers.

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The pacemaker is usually implanted under the skin of the left chest wall in a 'pocket' on top of the muscle, where it will receive signals from the lead(s) and continuously monitor your heartbeat.

It is programmed to respond to your individual heart rhythm, based on the information we obtained during your tests and investigations.

The pacemaker will detect the abnormally slow rhythm as soon as it occurs and will treat it by delivering a series of painless electrical impulses known as pacing.

What are the risks associated with implanting a pacemaker?

As with any technique that involves inserting something into the body, the procedure does carry some risks, though these are quite small. However, any complications can be remedied and are rarely life - threatening.

There are slight risks associated with implanting the pacemaker and also slight risks that may occur after the procedure.

At the time of the procedure, there may be:

- accidental damage to the blood vessels when placing the lead(s) into the heart
- an air leak in the lung may occur due to inadvertent puncture – this may need treatment
- discomfort/bleeding during the procedure
- very rarely, damage to the lead(s)

After the procedure, there may be:

- bleeding from the insertion wound
- movement of the lead(s) which would require them to be repositioned
- infection in the wound or the lead(s) themselves within the blood vessels you will be given antibiotics, before and after the procedure, to reduce these risks
- failure of the device to function properly

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These risks are rare, but, as part of the consent process, it is our duty to make sure you are fully aware of them. Please do not hesitate to ask your doctor any questions you may have before you sign the consent form.

Before your admission

You will have been informed by the hospital when your admission date is, what time to arrive and which ward/unit you will be going to.

Please note:

If you are, or suspect that you may be, pregnant, please contact the hospital immediately, as it may not be advisable to proceed with fitting your pacemaker during your pregnancy.

If you are on **warfarin**, unless you have been otherwise advised, you will have to **stop** taking it for **four days before** your admission.

If you are on a **newer blood thinner (Apixaban, Rivaroxaban, Edoxaban, Dabigatran)**, unless you have been otherwise advised, you will have to **stop** taking it for **two days before** your admission.

Also, if you have a mechanical heart valve replacement, please discuss alternative blood thinning medication with the doctor who will be doing your procedure before you come in.

Length of stay

You will normally expect to come in and stay for the day or for just one night, but this will depend on your consultant, your medical condition, and the time of your procedure and whether or not you will have support at home when you are discharged.

You may wish to have someone to stay with you on the ward/unit to support you on the day of your admission. You are welcome to do this, but please keep other visitors to a minimum to enable you to benefit from rest after the procedure.

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Transport

You will not be allowed to drive for a short time after you have had your pacemaker fitted, so please do not drive yourself to hospital, but arrange for someone to bring you in and collect you.

If this is not possible, please inform the staff at your pre-assessment visit (if your hospital has arranged one) or ring your consultant's secretary for advice, as soon as you receive this information with your admission letter.

Items to bring in

We advise you to bring an overnight bag with toiletries and nightwear, just in case you need to stay overnight, for example, if your procedure is done very late in the day.

It is also essential that you bring **all** your medication with you in their original containers, as the doctors and nursing staff will need to see them.

Please remove all make-up and nail varnish before arriving – we shall need to be able to see your natural skin colour during and after your procedure.

Valuables

For your own safety, **do not bring** any valuables or large amounts of money into the hospital.

Please remove all jewellery (except wedding rings) before coming into hospital.

Instructions before admission

You will be given an admission time depending on where you are on the doctor's list.

You can eat and drink as normal before your procedure.

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Take all your usual morning tablets, when you have a light early breakfast, but do not take your warfarin and any **diuretics (water tablets)**, unless you have been specifically told to do so.

If you are diabetic:

If you are on insulin, you should have a light breakfast with **half** your morning dose of insulin.

If you are in any doubt as to what you are allowed to do, please ring the ward/unit where you will be having your admission and a nurse will be able to advise you. You will find the number earlier in this booklet. Alternatively, you can contact your consultant's secretary by ringing the hospital.

What happens when I arrive at the hospital?

Please report to the reception area on the ground floor to book in and show the receptionist your admission letter, if you received one. The receptionist will hand you a registration form that you will need to give to the nurse or support worker on the ward/unit.

- you will be given instructions on how to get to your ward
- on arrival at the ward, you will be allocated a bed or trolley bed
- you will be met by a nurse or support worker who will be looking after you - they will assist you in getting ready for your procedure
- you will be fitted with a wristband that will have your name on it and your unique hospital number - this will be used to identify you during your hospital stay - please do not remove it until you are ready to go home
- you will be asked some questions and have your blood pressure and pulse recorded - an electrocardiogram (ECG) may be taken - you will have the opportunity to ask questions
- blood tests will be taken to check your blood clotting (INR) if you are on warfarin
- a doctor will come and see you to explain the procedure - if there is anything that you don't fully understand, please ask the doctor at this time – your doctor will then ask you to sign a consent form, confirming you consent to having the pacemaker fitted

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- a small plastic tube (a cannula) will be inserted into the back of your hand or in your arm and taped into place – this is to allow antibiotics and any other necessary drugs to be given
- half an hour before your procedure, the nurse will bring you a hospital gown - wearing easy to remove clothing when you come in will help when the time comes for you to change
- it is advisable to empty your bladder a short time before going for your procedure - please ask for assistance if you need it
- you will be given a covering dose of antibiotics before the start of your procedure – you will also have to take antibiotics by mouth for 3 days after your pacemaker has been fitted

You will have been asked if you are allergic to penicillin before the initial dose of antibiotics is given. If you are, then an alternative antibiotic will be used. Similarly, when you go home an alternative drug will be given to you to complete the course.

Fitting the pacemaker

The implantation of the pacemaker is a sterile procedure undertaken in a Cardiac Catheter Laboratory or suitable room in the hospital equipped with an X-ray camera facility, monitoring equipment and a table on which you will be asked to lie for the duration of the procedure.

You will be taken from the ward by the nurse looking after you and will be handed over to the care of a nurse or support worker who will stay with you throughout your procedure.

The procedure usually takes from one to one and a half hours, and you will be attached to a heart monitor throughout the procedure.

After this, the area identified for insertion of the pacemaker over your left chest wall just under your collar bone may be shaved, then cleaned with a skin disinfectant preparation and injected with a local anaesthetic.

A small incision (cut) 5 to 8cms in length will be made and a small tube will be passed into a large vein. Through this tube a lead will be guided with the help of the X-ray camera into the lower chamber on the right side of your heart (right ventricle).

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Often, two leads will be required. One of the leads will be passed into the upper chamber on the right side of your heart (right atrium) as well.

The leads are then tested and attached to the pacemaker box which contains the miniature battery and computer.

A small pocket is formed under the skin of the chest wall and the box will be carefully inserted into this pocket.

Before completion of the procedure, your cardiologist will test the device to make sure that it is working properly.

When the tests are complete the wound will be usually be closed with dissolvable stitches. These will dissolve when they have done their job of holding the wound edges together to allow healing and so you will not need to have them removed.

A dressing will be secured over the wound, and you will be ready to go back to the ward.

On your return to the ward

- your ward nurse will check your wound from time to time to look out for any signs of bleeding or swelling - it is wise to rest for a couple of hours after your procedure
- it is essential to restrict your arm movement on the affected side where your pacemaker was fitted, particularly refraining from lifting your arm above your head - this will reduce the risk of the leads moving or becoming displaced
- your blood pressure will be taken at intervals during this time
- you will be able to eat and drink as soon as you feel like it, unless you require further tests
- the local anaesthetic will gradually wear off over the next couple of hours. please ask your nurse for some painkillers if you feel any discomfort at this time
- you will normally be able to go home later on in the day or on the day after your procedure, but the cardiologist will require you to have a chest X-ray in the X-ray department – this is to ensure that the leads are safely in the correct position, before you are discharged

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- a cardiac physiologist will check that your device is working properly and to adjust your pacemaker's program, if required - you may be taken to the cardiac physiology department to have this check
- you will be provided with a special identification card that will contain your personal details together with details of the make and model of your pacemaker and the leads used - it will also give details of your individualised programme setting - you will be advised to carry this card with you at all times
- as previously indicated, you will be given antibiotics to take home with you. you will take these by mouth for 3 days after your procedure

Caring for yourself at home

You may feel slightly tired for a couple of days while you are recovering from your procedure.

You may remove the dressing covering your wound 48 hours after the pacemaker has been fitted. The wound should then be left uncovered to promote healing.

Your dressing and wound will be checked by the ward nurse before you go home. At home, if there is more bruising, swelling, if the wound gapes or you feel feverish, or if it oozes or bleeds or becomes hot or tender, then go to your GP right away. You may need another course of antibiotics or you may need to be referred back to the hospital team for their advice.

Remember to wear loose fitting, preferably cotton clothing for the first few weeks, to prevent rubbing which could make your wound sore.

Please avoid any excessive movement of your arm on the side of your wound until our check has ascertained that your wound has fully healed. This will mean that, though you may do light housework; you should not be doing any work that requires you to stretch your arms such as mowing or hanging out clothes on a washing line.

You are also advised not to do any heavy lifting, such as carrying shopping bags or moving heavy furniture.

Because your wound will usually have been sewn together with a dissolvable stitch, it should heal without the need to remove any stitches, but again, please arrange to see the nurse at your GP's practice if you have any concerns at all.

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Don't be afraid to ask for help from your family and friends and take it when it is offered.

Personal hygiene

Gentle, unperfumed soaps or clean, warm water are ideal when you have a bath or shower. Strongly perfumed soap, talc, body lotion and deodorants may all irritate the wound and cause an infection.

If you have a power shower, it is wiser to have it on a more gentle setting until your wound is properly healed. After bathing, always ensure that your wound area is gently patted dry with a soft clean towel.

Outpatient checks

You will probably have visited the pacemaker clinic before you were discharged or at least have had the opportunity to meet the staff who will be looking after you in the future

The cardiac physiologist will give you written information about the settings (programme) for your pacemaker that you must carry with you at all times.

Your first check will usually be in about 4-6 week's time. Information stored in your pacemaker will be retrieved at this time via a hand held device placed over your skin. The procedure lasts about 10-25 minutes and is completely painless.

The information is important for us to be able to decide if you need any further adjustments, and to let us know the device is working effectively.

Please take advantage of this visit to ask any questions, relating to any concerns you may have about living with your pacemaker.

You will continue to visit the pacing clinic on a regular basis.

Condition identifying jewellery

You may have heard of Medic Alert and SOS Talisman 'jewellery'.

Patient Information

If you are diabetic, you may already own one of these pieces. They are bracelets or neck pendants which can store vital medical information about you and your heart condition and are particularly useful in the event that you are unable to communicate details of your condition yourself. They are easily recognisable to the medical staff that may be called to treat you.

They are not provided by the NHS and therefore have to be bought by you, but it is worth asking if you could get help in purchasing them and your local cardiology department may be able to provide you with helpful information.

Living with your pacemaker

Medication

You will need to continue to take all your previous heart medication unless your cardiologist has advised you that it is safe to stop taking any of them.

Never suddenly stop taking your drugs unless they have asked you to.

Your pacemaker's battery

As you know, your pacemaker has a long-life battery that will usually last from 6 to 10 years. The tests done at your clinic visits will keep track of this with you and the staff will arrange for the box to be replaced when this is necessary.

Sleep

Some people find it difficult to sleep for a while after they have had a pacemaker fitted. Patients who have already had a pacemaker fitted have offered the following advice:

Try sleeping on your back or on the opposite side to where the pacemaker was fitted for the first few weeks. Support yourself with pillows until you get into a comfortable position. After the first few weeks you will probably be able to adopt your normal sleeping position again.

Diet

Eating a well balanced diet, low in salt, cholesterol, sugar and saturated fat is important for a healthy heart and will not be as boring as it sounds, if you

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follow the advice given in booklet no: HIS5 – ‘Eating for your heart’ from the British Heart Foundation (BHF).

If you eat ready prepared meals, it is advisable to read the information labels to assist you to make a healthy choice.

The British Heart Foundation also produces a booklet called ‘Taking control of your weight’, no: G198.

Contact details for the BHF are at the back of this booklet.

Alcohol

Your consultant will already have advised you about your alcohol intake and it is important that you follow this advice as part of your treatment plan. The recommended guidelines are that you should not exceed 14 units per week for a woman and a man, with 2 alcohol free days in the week.

Apart from having an effect on your liver, alcohol can unfavourably affect your weight and your blood pressure. It can also interact with some medications and increase any side effects you may experience.

Please follow this advice for your heart’s sake.

Smoking

Stopping smoking is one of the best things you can do for your heart and health in general and also for the health of those close to you.

It is also recognised that it can be very difficult to stop!

Non-smoking aids, such as nicotine patches, gum, lozenges, sprays etc. are now readily available on prescription from your GP, through a smoking cessation programme, or you can buy them over the counter in pharmacies and supermarkets.

You can also join a support group. Ask the nursing staff for information, before you are discharged.

There are some useful telephone numbers to help you stop smoking in the back of this booklet.

Exercise and keeping fit

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Walking and sensible exercise which raises your heart rate are perfectly safe and, indeed, beneficial in keeping you fit and helping you to maintain a healthy weight. Do take care to warm up slowly, so that your heart rate has time to adjust to the change in activity.

Exercise at a level that makes you feel slightly breathless. This is quite safe and will help you to improve your fitness.

You may find at first that you tire more easily, so stop and rest. Life is not a race!

If you have any doubts, discuss them with the staff in the cardiology department.

Sporting activities

Golf, tennis, hockey, squash, badminton or other sports involving swinging your arms and stretching must be avoided until your cardiologist is satisfied that your device and lead(s) are firmly fixed in the required position. Please ask for further advice on these issues, as you progress along your treatment pathway.

Many contact sports, such as boxing, martial arts, football and rugby, will now be considered too dangerous, because there may always be the possibility of damage to your device, as it sits so close under the skin. Again your cardiology team will be able to advise you.

Sex

There is no set rule about when to resume sexual activity. Wait until you and your partner are both comfortable with the idea. For the first few weeks, it is advisable to avoid any position which could put a strain on your affected arm or chest, to allow the muscle of your chest wall to heal properly.

Emotions

It is natural to feel anxious about your new device at first, but try to remember that your pacemaker will help your heart to function more efficiently. This is what it was designed to do.

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Be reassured that most people experience feelings of low mood and tearfulness, together with anger at times as a result of any heart condition. These feelings will pass over time as you adapt to having a pacemaker, but if they do not, don't suffer in silence, tell your cardiology team or GP who will be able to help you.

Work

You will have discussed what type of work you are employed to do with the cardiac team before going home from hospital.

The cardiac team will be able to offer specialist advice on when you can safely return to work, based on the level of activity within your job. Much depends on the type of work that you do and it is always advisable to discuss your return with your employer.

Driving

If you drive a motor car or ride a motor bike, it is essential to let the DVLA know that you have had a pacemaker fitted.

Usual restrictions from driving are for one week after your procedure, but it may very much depend on your personal level of wound healing and fitness, as to whether you will be safe to drive then. Your GP or cardiology team will be able to give you more detailed advice on this.

If you have a Group 2 licence (LGV/PCV) entitlement, you must let the DVLA know and in this case, you will not be able to drive any vehicles in this group **for at least 6 weeks**, after which you may be allowed to resume driving, provided there is no other disqualifying condition.

The DVLA will send you a questionnaire to complete after you have let them know about your pacemaker. This will also determine your fitness to drive.

For more information on driving restrictions, you may visit the DVLA website – www.dvla.gov.uk or ring them on 0300 790 6806.

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Please remember that it is also important to let your insurance company know that you have a pacemaker.

It is worth noting here that all the above restrictions also apply if you have to have a procedure to change your device when the battery runs out.

Holidays

Having a pacemaker fitted does not mean that you may not benefit from this important aspect of your life. You will be able to travel both at home and abroad, even if your destination is in a distant country.

Flying should pose absolutely no problems for you, even on long flights to New Zealand, for example, provided your cardiologist is happy with your underlying heart condition.

However, please make sure that your chosen destination has an adequate health service with facilities to manage an emergency cardiac condition. Your consultant must be informed of your plans, so they may advise you appropriately.

If you are planning to be away for some months, let your pacemaker clinic know, so that they can arrange to let the local pacemaker centre nearest to your resort know if you need a follow-up appointment.

Wherever you go, remember to take your special pacemaker identification card with you.

Take a full list of all the drugs you take and their doses with you. It will be very useful, should you need treatment while you are away.

If you need vaccinations, please check with your GP or cardiology team to make sure that these will not adversely affect any medication you are taking for your heart condition. This applies particularly to the interaction between cardiac anti-arrhythmic drugs and drugs used to prevent malaria.

Holiday insurance

As with all chronic medical conditions, holiday insurance may be a problem for pacemaker patients. Some insurance companies may require a letter

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from your cardiologist confirming that you are fit to travel and are able to fulfil certain health criteria. This will vary from company to company.

Your level of cover will also depend on your underlying condition, so don't forget to read the small print before you accept any offer. It may be wise to shop around to find the most economical cover for you, but do not be tempted to settle for cover that will not meet your needs in the event of a medical emergency.

The Arrhythmia Alliance, the heart rhythm charity, has a very comprehensive list of insurance companies who cater for people with chronic health problems. You can contact the Alliance via their website: www.arrythmiaalliance.org.uk or by telephone on 01789 450787.

Further important information

Interference

There are many stories about how electrical interference can disrupt the electrical signalling of your pacemaker and stop it from working properly. Most of these stories are not true, so please do not worry. Your cardiology team will be able to tell you what is likely to cause problems and what is completely safe.

Useful Information

Mobile telephones

These are usually safe, but can affect your pacemaker if they are held closer than 15cms (6ins.) to where it was inserted. Telephones transmitting more than 3 watts are particularly disruptive. In these cases, hold the 'phone to the ear opposite to where the device is fitted.

Never carry your mobile in a breast pocket; it is safer in a bag or a trouser pocket. Other people can safely use a mobile near to you without any problem.

You may have a cordless 'phone at home. Fortunately, these do not pose any risk, provided that you never hold the handset over your chest near your device.

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iPods

Much the same advice applies to iPods. Don't put them in a shirt/blouse pocket over your pacemaker. If you strap your iPod to your arm when you are listening to it, make sure it is on the arm opposite to where your pacemaker was fitted.

Magnets

Most of the equipment you would use around the home, in the office or workplace is not going to have an adverse influence on your pacemaker provided that you keep at least 15cms./6ins. away, but ensure that your domestic appliances are in good repair and are correctly earthed, where earthing is required.

The pacemaker is very sensitive to strong electrical magnets and could be affected if it comes into close contact with any of the following pieces of domestic equipment:

- Stereo speakers in large stereo systems
- Boom boxes
- Transistor radios

The same applies to industrial equipment such as some motors, arc welders and generators.

It is, therefore, very important that you avoid all strong magnetic fields. Your cardiac physiologist will be happy to answer any questions you may have about this.

Airport Security Systems

This is an area where there may be a small risk of interference with your pacemaker. You should therefore, not go through airport security system equipment, if at all possible, and should show your special pacemaker ID card to the security staff who will then usually hand-search you. If you cannot avoid going through the security machine, then make sure that you walk through quickly.

Shop Security Systems (Electronic Article Surveillance)

These may interfere with your pacemaker. So you should walk through the door briskly without loitering.

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In the hospital environment

If you should need hospital or dental treatment, it is important that you let the medical and nursing staff know that you have a pacemaker and show them your identification card. If there is any question of safety, they will contact your cardiology department to ensure that they are treating you appropriately.

People who have pacemakers should not have:

- **TENS** devices used to control pain by way of electrical impulses
- Some physiotherapy treatments

This is because the medical equipment used can cause interference with your pacemaker.

It is also important that, under ordinary circumstances, **you do not have:**

- Electro-cauterisation to stop bleeding during an operation
- Shock-wave lithotripsy to get rid of kidney stones, etc

However, some pacemaker programmes can allow these procedures. Please contact your pacing department if these treatments are proposed for you.

People who have pacemakers can have:

- **X-rays, CT scans and mammograms:** X-rays do not interfere with the function of your pacemaker and it is safe for you to have CT scans and mammograms, but the same rule applies as with any other medical treatment, you must let the staff at the hospital know that you have a pacemaker.
- **Radiotherapy:** If your consultant feels that any medical condition you may have would benefit from radiotherapy, then it is important that they get in touch with the cardiology department managing your care to discuss any proposed treatment, particularly the levels of radiotherapy to be used.
- **MRI scans (magnetic resonance imaging)**
 - if a specific MRI-safe pacing system has been implanted or
 - if the MRI is done at centres that specialize in legacy pacemaker scanning (such as UHCW)

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- Sometimes it is not possible to perform an MRI scan in patients with pacemakers. Please check with the pacemaker department prior to a scan.

Please remember that in spite of all the above warnings, it is highly unlikely that you will have any of these problems with your pacemaker.

Advice for patients and carers

If you want any further information, below is a list of useful email addresses or telephone numbers to assist you:

Arrhythmia Alliance

PO Box 3697,
Stratford upon Avon
Warwickshire, CV37 8YL
Tel no: 01789 450787

www.arrythmiaalliance.org.uk

British Heart Foundation

Greater London House
180 Hampstead Road
London, NW1 7AW
Tel. no: 0207 5540000 Heart Information Line: 0300 330 3311

www.bhf.org.uk

NHS Direct (health advice and information)

Tel no: 0845 46 47

www.nhsdirect.nhs.uk

NHS Smoking Helpline

Tel: 0800 0224332 or 0800 1690169

<http://smokefree.nhs.uk/ways-to-quit/call-the-nhs-helpline/>

Stop Smoking Coventry

Tel: 0800 051 1310

www.coventrypct.nhs.uk

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Warwickshire Stop Smoking Service

Tel: 0800 085 2917

www.smokefreewarwickshire.org.uk

Age UK

Free helpline: 0800 009966

www.ageuk.org.uk

Coventry and Warwickshire Cardiovascular Network

Westgate House

21 Market Street

Warwick

CV34 4DE

Telephone: 01926 493491 ext. 622.

We hope that reading this booklet will have been helpful to you and given you an understanding of what will happen to you during your hospital admission and that it will continue to be a useful resource for you after your pacemaker has been fitted.

Obviously, should you have any concerns, please contact the staff involved in your care on the number you will find at the beginning of this booklet.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact us on 024 7696 5666 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Patient Information

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:

www.uhcw.nhs.uk/feedback



Document History

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