

Pacemakers

A pacemaker is an electronic device that stimulates the heartbeat. It can be programmed to begin pacing when a person's own heart rate falls below a pre-set number. If the heart rate drops significantly, it causes symptoms such as light-headedness, dizziness, or even fainting (syncope). A slow heart rate is called bradycardia. It can occur in various types of heart blocks or arrhythmias (rhythm disturbance). The pacemaker may be needed temporarily or on a permanent basis. Sometimes, myocardial infarction (heart attack) causes transient heart block, requiring a temporary pacemaker. Most of the time, the need for pacing is permanent. Some of the conditions requiring a pacemaker are: significant heart block (particularly if it causes fainting) and sick sinus syndrome (bradycardia tachycardia syndrome). In the latter, the heart beats too fast at times and then too slowly. Sometimes, drugs used to control atrial fibrillation (a type of irregular heart beat) result in profound bradycardia, requiring a pacemaker. There are many types of pacemakers. Some are designed to pace at a preset rate. Others increase the pacing rate based upon needs of the body. Pacemaker batteries may last 8 - 20 years. Complications of pacemakers include: ventricular dysfunction, infection, blood clots, malfunction, and perforation (tear in the wall of the chamber of the heart where the lead is implanted).

If your client has a pacemaker, please answer the following:

1. Please list date when the pacemaker was implanted:

2. The pacemaker was implanted for:

Congenital heart block _____

Heart block associated with coronary artery disease _____

Complete heart block (not congenital) or sick sinus syndrome _____

Atrial flutter/fibrillation _____

Other (Please give details)

If your client has heart disease, please give details

3. Have any of the following pacemaker complications occurred?

Infection Blood clots _____

Pacemaker malfunction Perforation _____

Other (Please give details)

4. Are there continuing symptoms since the pacemaker was implanted?

Yes (Please give details)

5. Is your client on any medications?

Yes (Please give details)

6. Has your client smoked cigarettes or any other tobacco products in the last 5 years?

Yes _____

7. Does your client have any other major health problems (ex: cancer, etc.)?

Yes (Please give details)
