

Cardiac Pacemaker Implantation Discharge Letter

Date: [Date]

Patient Details

Name: [Patient Full Name]

Date of Birth: [DOB]

Hospital Number: [ID Number]

Address: [Patient Address]

Admission Information

Date of Procedure: [Date]

Indication: [e.g., Symptomatic Bradycardia / Complete Heart Block]

Procedure: Permanent Pacemaker Implantation (PPM)

Operator: [Doctor Name]

Device Details

Manufacturer/Model: [Device Name]

Type: [e.g., Single Chamber / Dual Chamber]

Lead Position(s): [e.g., RA / RV Apex / RV Septum]

Mode: [e.g., DDD / VVIR]

Clinical Summary

The patient underwent an uncomplicated transvenous pacemaker implantation. The pocket was created in the [Left/Right] pre-pectoral region. Leads were positioned under fluoroscopic guidance and tested with satisfactory sensing and pacing parameters. The wound was closed with [Absorbable/Non-absorbable] sutures.

Post-Operative Instructions

- **Wound Care:** Keep the dressing dry and clean for [Number] days. Do not submerge in water (bath/swimming) for 2 weeks.
- **Activity:** Avoid lifting the [Left/Right] arm above shoulder height and avoid heavy lifting (>5kg) for 4 weeks.
- **Driving:** Follow local driving authority regulations (usually no driving for 1 week for private vehicles).
- **ID Card:** Always carry your Pacemaker Identification Card.

Follow-Up Plan

Wound Check: [Date/Location]

Pacing Clinic: First device check scheduled for [Date/Time] at [Location].

Medication Changes

[List any changes to anticoagulants or heart rate medications]

Signed: _____

Print Name: [Doctor/Clinician Name]

Department: Cardiology