

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

Information Sheet and Consent for Radiotherapy for Patient with CIED

A. Cardiac Implantable Electronic Devices (CIEDs) and Radiotherapy

- ❖ It is evidenced that radiotherapy can affect the functionality of CIEDs (including implantable pacemakers and implantable cardioverter defibrillators) to a certain degree.
- ❖ Doctors, radiation therapists and medical physicists would strive to minimize the effect as much as possible.
- ❖ If you are implanted with these type of devices, please inform our doctor / radiation therapist / nurse immediately so that we can customize a safer management plan for you.
- ❖ Furthermore, if your CIED has been exposed to direct or scattered ionization radiation in the past, please remember to inform our doctor / radiation therapist in order to assess the cumulative dose of the device.

B. Before Radiotherapy

- ❖ Before the radiotherapy planning process, please consult your cardiologist to perform certain assessments on your device.
- ❖ We would plan and prepare your treatment according to the advices from your cardiologist

C. During Radiotherapy

- ❖ Cardiologist might recommend precautionary measures such as temporary suspend some functions of the device during radiotherapy. Our doctors and nurses will closely monitor your medical condition in such situation.
- ❖ If any abnormality detected with your CIED, consult your cardiologist at once.

D. Side Effects / Risks for Patient with CIED Undergoing Radiotherapy (in general, the side effects / risks rarely occur)

- ❖ Cardiac function might be affected owing to temporary suspension of CIED functions
- ❖ During to interference by radio-frequency radiation, you might experience dizziness, headache, change of heart rate; or even death (very rare).
- ❖ For implantable cardioverter defibrillators, unintended defibrillation might be triggered.
- ❖ Durability of battery might be lowered.
- ❖ Temporary malfunction or permanently damage of CIED (rare).

***Remarks: Not all side effects or risks are listed and some unexpected situation might occur with regard to patient-specific reasons.**

I / Patient understand the above information and consent for radiotherapy.

_____	_____ (_____)
Patient Signature	Doctor Signature (Name)
_____ (_____)	_____
Patient's Parent/Guardian/Relative (Name)	Date

