



ICD Implantation Complications

Fax to: (206) 685-7569 or (800) 253-6404

Complete this form on all patients with lead or generator implantations (attempted or successful), explantations, or repositioning.

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Affix I	Patient	ID#H	ere se	eqnu	Im24		

Evaluation for complications should be done 30 days after implantation or at hospital discharge, whichever is later. Complications occurring after this time will go on the Adverse Symptoms form.

1	Date of evaluation: days24	1	1	
		Day		

eval3024 2 Was this evaluation completed?

- O After hospital discharge (at 30 days after implantation)
- 1 O At hospital discharge (30 or more days post implantation)

compli24 3 Were there any complications?

O Yes	ONO
4	0

If no, sign form and FAX to CTC

If Yes, complete the following:

			ations listed on THIS page require that documentation be sent to CTC ual of Operations
120	1 Yes	0 No	
bleed24	0	0	Bleeding requiring reoperation or transfusion
perfor24	0	0	Cardiac perforation
lacer24	0	0	Coronary laceration
death24	0	0	Death (Complete Death and Notification of Death forms)
erode24	0	0	Erosion/extrusion
explnt24	0	0	Explantation, specify what was explanted:
failgn24	0	0	Generator failure (Notify CTC immediately)
hemsrg24	0	0	Hematoma requiring surgical evacuation/correction
infect24	0	0	ICD infection, specify location:
Idfail24	0	0	Lead failure (Notify CTC immediately)
pnuthx24	0	0	Pneumothorax
stroke24	0	0	Stroke

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Date Month]/	Day Year	Affix	Patient I	D # He	ere	-					
3 Con	n pli No	cations (continued):										
1 fluid24 O	0	Fluid accumulation/seroma										
worse24 O	0	Worsened heart failure										
hmnsg24 O	0	Hematoma not requiring surgical in	ntervention									
dislod24 O	0	Lead dislodgement/migration, spe	cify location:									
mi24 O	0	Myocardial infarction										
effus24 O	0	Pericardial effusion										
pneu24 O	0	Pneumonia										
embol24 O	0	Pulmonary embolism										
respir24 O	0	Respiratory failure requiring prolon	ged mechanico	al ventilo	ition (>72 h	ours)					
sens24 O	0	Sensing/detection malfunction										
shock24 O	0	Shock/hypotension requiring intra-	-aortic balloon p	oump or	phari	maco	ologic	sup	port			
throm24 O	0	Thrombosis, specify location:										
vtvf24 O	0	Spontaneous sustained VT/VF requesternally or internally by the devi	uiring pacing/co ce within 48 hou	ardiovers urs of co	sion/d mplet	efibri ion o	llation f the	n eith impl	ner antai	tion		
othcmp24 O	0	Other complication, specify:										
Signa	ture	of person filling out this form	or Clinical Trial Ce	nter Use C	only:	rtnu			шш	шшш		

Yes

code number

No

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