

PROTOCOL FOR: ESWL Patients with Implanted Electronic Devices: Perioperative Care of

- POLICY: 1. Each patient should be individually evaluated by the urologist for the need to have a cardiologist or physician knowledgeable in implanted electronic device management available during the procedure.

The urologist's scheduler will communicate any information about patients who have implanted cardiac electronic devices when booking ESWL procedures. This information will be entered into the Case Comments portion of the Scheduling module.

2. The scheduling physician/surgeon should include the manufacturer of the implanted electronic device as well as the model number on the History & Physical. The scheduling physician/surgeon will coordinate with the manufacturer for a sales representative to be at UCHC the day of surgery, if deemed appropriate.
3. All patients with an implanted cardiac electronic device should have cardiac clearance prior to undergoing the ESWL procedure.
4. The preoperative ancillary staff (MA/COA) will note relevant information on the Face Sheet of the chart.
5. Transthoracic pacing and magnets are available in the OR and PACU settings for emergencies.
6. Continuous ECG monitoring of the patient will be provided throughout the procedure.

ECG shock wave gating with the lithotripter should be considered during the procedure. Delivering shock waves synchronously with the R waves of the ECG should help prevent any shock wave induced inhibition of pulse generators.

7. Shock wave synchronization, blast path issues, and reprogramming of pacemakers will be done in accordance with Greater Hartford Lithotripsy guidelines (see appendix).

DESIRED PATIENT

OUTCOME: The ESWL patient with a pacemaker will undergo a safe procedure.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 10/99

REVISION DATES: 9/01, 6/03, 6/04, 2/08