

What is a Generator Change?

A generator change is a procedure that is done to replace the pacemaker device when your battery is low. During your procedure, you will be monitored by the physician and nurse. You will be given medication that will relax you and provide pain relief. The physician will first numb your skin over your pacemaker. The physician will then make an incision to replace your pacemaker, and your new pacemaker will connect to your current heart leads. The incision will then be sutured, and you will come back to the recovery room for additional monitoring. You will then be able to go home approximately two hours after the procedure.

Discharge Instructions

- You will follow up with your cardiologist in one week.
- Please call the cardiology clinic if you have any questions regarding your pacemaker insertion site, medications or healthcare.
- If you take blood thinners, you will be instructed when to restart your medication prior to discharge.
- You may have some tenderness around your pacemaker site after your procedure. This may last 1 – 2 days.
- It is important to inspect your incision daily until it is completely healed.
- You may take a shower in two days (48 hours) after procedure. Please remove the bandage before showering.
- Do not submerge the incision in water until site is completely healed.
- Do not scrub pacemaker site while healing. *You will notice adhesive on incision. Do not pick at the adhesive, it will naturally come off between 5 – 10 days.
- Do not apply ointment or lotion to pacemaker site while healing.
- If you received sedation during your procedure it is important to not drive or make important decisions for 24 hours.
- You will need to arrange a ride home. You will not be able to drive yourself.

Signs of infection include, but are not limited to:

- Pain at incision site, redness, swelling, warmth to touch, fever and aches.

If you have any of these symptoms contact the cardiology clinic immediately.

Questions

Call 785-625-4699 – DeBakey Heart Institute
855-429-7633 – Hays Med ONE CALL

Visit our website
using this QR code to
access videos about
your procedure.



Discrimination is Against the Law

Hays Medical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Hays Medical Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Hays Medical Center provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Hays Medical Center provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Director of Clinical Care Coordination at 785.623.5297, or the Operator at 785.623.5000.

If you believe that Hays Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Chief Legal Officer
 Hays Medical Center
 2220 Canterbury Drive
 Hays, Kansas 67601
 Telephone Number: 785.650.2759
 TTY/TDD or State Relay Number: 800.766.3777 (V/T); or Dial 711
 Fax: 785.623.5524
 Email: joannah.applequist@haysmed.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Joannah Applequist, Chief Legal Officer, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201
 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services are available to you free of charge. Call 1-855-429-7633 (TTY: 1-800-766-3777).

SPANISH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-429-7633 (TTY: 1-800-766-3777).

VIETNAMESE

CHÚ Ý: Nếu bạn nói tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-429-7633 (TTY: 1-800-766-3777).

CHINESE

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-855-429-7633 (TTY: 1-800-766-3777)。

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-429-7633 (TTY: 1-800-766-3777).

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-429-7633 (TTY: 1-800-766-3777) 번으로 전화해 주십시오.

LAOTIAN

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ຄ່າບໍລິການພ້ອມໄທ້ວ. ໂທ 1-855-429-7633 (TTY: 1-800-766-3777).

ARABIC

ملاحظة: بالمجان لك تتوافر اللغوية المساعدة خدمات فإن اللغة اذكر تتحدث كنت إذا ملحوظة. 1-855-429-7633 (TTY: 1-800-766-3777) برقم اتصل.

TAGALOG

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-429-7633 (TTY: 1-800-766-3777)

BURMESE

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက်

စီစဉ်ဆောင်ရွက်ပေးပါမည်။

ဖုန်းနံပါတ် 1-855-429-7633 (TTY: 1-800-766-3777) သို့ ခေါ်ဆိုပါ။

FRENCH

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-429-7633 (TTY: 1-800-766-3777).

JAPANESE

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます1-855-429-7633 (TTY: 1-800-766-3777)まで、お電話にてご連絡ください。

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-429-7633 (телетайп: 1-800-766-3777).

HMONG

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-429-7633 (TTY: 1-800-766-3777).

PERSIAN (FARSI)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. یا (TTY: 1-800-766-3777) 1-855-429-7633 تماس بگیرد.

SWAHILI

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata huduma za lugha, bila malipo. Piga simu 1-855-429-7633 (TTY: 1-800-766-3777).

