

Patient information sheet – ICD insertion

Your doctor has recommended an Implantation of an Internal Cardiac Defibrillator (ICD). An ICD is an electronic device that can regulate your heart by treating dangerous and life threatening fast heart rhythms. It can also act as a pacemaker preventing your heart from beating too slowly. It consists of a battery/electronic device (box) which connects to the heart via leads (wires) along which electrical impulses pass between the ICD and the heart.

The procedure is performed in a hospital. It is generally very safe however as with all procedures, potential complications can occasionally occur. The risks and benefits of having a pacemaker will be discussed with you prior to the procedure.

You must notify your doctor if you take **blood thinners** such as aspirin, clopidogrel, warfarin, pradaxa (dabigatran), apixaban (eliquis), rivaroxaban (xarelto), clexane, enoxiparine and others or if you have **allergies** to antibiotics or medical contrast dyes.

Prior to the procedure:

You will be admitted to the hospital, usually on the day of your procedure. Men may require hair from the chest to be clipped. You will have an antiseptic wash and blood tests will be taken prior to the procedure. Antibiotics will be administered through a vein to minimise the risk of infection.

Operative procedure:

Pacemaker implantation is usually performed under sedation / anaesthesia together with local anaesthesia. Local anaesthetic is injected into the skin under the collar bone, where the pacemaker will be positioned. Slight discomfort can be felt with the administration of the local anaesthetic. Further anaesthetic is administered if any discomfort is felt. The leads are inserted into a vein (under the collar bone) through which they are passed into the heart. Between one and three such leads are inserted, depending on your condition. The defibrillator may be tested to ensure that it functions appropriately. This may involve giving your heart an electric shock (you will be anaesthetised and you will not be aware of this).

After the procedure:

Mild discomfort or pain can occur after the local anaesthetic wears off. It is usually adequately controlled with simple pain killers (e.g. paracetamol, panadeine) and typically settles over a few days. A few hours after the procedures or the morning after the procedure you will have a chest x-ray and an ICD check. If all is well you will be able to go home. A further ICD check will be arranged 2-6 weeks after the procedure.

Wound care and dressing:

You should avoid showering or bathing for the first 24 hours after the procedure. Showering after this is OK, but direct water contact on the dressing is best avoided. The dressing may be removed after 5 days. The skin sutures (stitches) will dissolve and do not require removal. Bruising at the site of the operation is not uncommon and usually settles on its own. Any signs of redness, warmth, localised pain, swelling, oozing, discharge must be reported to the doctor immediately (or your GP or emergency department if your doctor is not available).

Activity restrictions:

It is important to avoid heavy lifting (>4 kg) and raising your arm above the level of your shoulder for the first 4 weeks. It is however important for you to move your arm gently using every day movements to prevent a frozen/stiff shoulder. Driving restrictions apply – these will be discussed with you. If you receive a shock from the ICD after discharge from hospital, you should contact your doctor or call an ambulance to arrange a review, even if you are feeling fine.

Dr. Maros Elsik.

Information in this sheet is of a general nature only. Specific details of the procedure will be discussed with you, prior to the procedure.