

Patient Information Sheet - Implantable loop recorder

Your doctor has recommended the insertion of an implantable loop recorder (ILR). An ILR is typically used to investigate causes of syncope (black outs), presyncope (near blackouts) and other symptoms, specifically by assessing your heart rhythm. It is a small electronic device approximately the size of a little finger.

The procedure is generally very safe and complications are uncommon but include (and are not limited to) bleeding, bruising and infection.

You must notify your doctor if you take **blood thinners** such as aspirin, clopidogrel, warfarin, dabigatran (pradaxa), apixaban (eliquis), rivaroxaban (xarelto), clexane, enoxaparine and others.

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:

Loop recorder implantation is usually performed under light sedation together with local anaesthesia. Local anaesthetic is injected into the skin where the loop recorder will be positioned. Slight discomfort can be felt with the administration of the local anaesthetic. The rest of the procedure is generally painless.

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. If all is well you will be able to go home, usually the same day.

Potential complications:

Bruising ~ 5%. Bleeding or infection ~ 1% or less. (This is not a complete list, and other complications which are less common can also occur). The loop recorder does take up "space", and hence a "lump" may be visible in the location of the loop recorder.

Wound care, dressing and follow up:

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 for 1 week. The dressing may be removed after 7 days, typically by your GP. The stitches will dissolve and do not usually 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). You will require a post operative review and an ILR check in about 2-6 weeks of the procedure with the doctor. Regular ILR checks will be required on an ongoing basis after that. When the ILR has depleted the battery (2-4 years), or once it has served its purpose, it can be removed.

Driving restrictions:

Driving restrictions may apply and these will be discussed with you. These are determined based on government / driving guidelines.

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

How to use the “remote control”:

You and/or a next of kin may be given a “remote control” for the loop recorder. The button on the remote control needs to be pressed when you experience symptoms or if you have had a black out. This activates the loop recorder to record / “bookmark” that period in time, and It helps your doctor to determine the cause of your symptoms. You will require regular follow up to evaluate your heart rhythms.

Remote monitor/transmitter:

Your loop recorder may be supplied with a wireless monitor/transmitter. The technology involved allows transmission of certain information to the loop recorder manufacturer, which can then be passed on to your doctor. This is **NOT AN EMERGENCY** service, transmissions are always delayed, they are never immediate and are only reviewed during business hours. If you develop any symptoms or feel unwell for whatever reason, you should seek medical attention from your doctor, ambulance or hospital, and **you should NOT expect anyone to contact you, just because you have a loop recorded monitor / transmitter**. Furthermore, the remote transmissions **DO NOT REPLACE** regular in person checks performed by your doctor.

Magnetic resonance imaging (MRI):

It is not uncommon for patients to require an MRI scan to be requested / performed at some stage, for cardiac, or more commonly, issues unrelated to your heart. Loop recorders are MRI compatible. The MRI will however “wipe / delete” the data stored on the loop recorder, and you should therefore have a check of the loop recorder prior to an MRI being performed.

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