

going home with your implanted defibrillator

This booklet could not have been produced without the help of all members of the Division of Cardiac Sciences - Electrophysiology Department who contributed invaluable information and direction.

This material is designed for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have specific questions, please consult your doctor or appropriate health care professional.



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Who to Contact in an Emergency

For information about what to do if the ICD fires, please see that specific heading on page 13. **If at any time you believe that your ICD is firing or treating you inappropriately, please proceed to your nearest Emergency Department.**

If at any time you lose consciousness and do not regain consciousness quickly (within one minute) you need immediate medical attention! Your family or partner should call 911!

If you feel dizzy, are experiencing palpitations, chest discomfort, or any other symptoms that are persistent or unusual for you, please go to your nearest Emergency Department. If you are alone, call 911.

There are many symptoms that patients experience that can be managed by a family doctor. Your electrophysiologist is available to take care of any heart rhythm problems including the management of any heart rhythm medications prescribed for you. If you are in doubt about who to contact regarding a particular symptom or problem, please call the Electrophysiology Office at **(403) 944-1248** and the nurses will discuss this with you.

The Electrophysiology Office is located on the 9th floor of the Foothills Hospital.

Encl: Energy Conservation and Work Simplification
Lucky Tickers
Medic Alert Application

2. **Signal Averaged ECG** - a special ECG done while you rest quietly. For about 20 minutes it filters out interference and allows us to see very fine electrical signals from the heart.
3. **6 minute walk test** - a nurse monitors your heart rate and exercise tolerance as you walk in a hallway for 6 minutes
4. **Echocardiogram** - uses ultrasound waves to determine the heart's size and how well the valves and muscle are working
5. **Muga Scan** - using a tracer in the blood, the heart is scanned to see how efficiently it is pumping blood
6. **Bloodwork** - if you are on a rhythm medication, a blood level may be drawn to monitor the dosage. Other blood tests include potassium levels, or tests to determine liver function, thyroid function, etc.
7. **Chest X-ray** - an x-ray of your chest area allows us to look at the placement and integrity of the ICD and leads

A letter about your next appointment will be mailed to you before your ICD check. If you live close to another major city, it is possible that some of these tests can be booked locally for you.

Please be sure to notify us should your phone number or address change so we may maintain contact with you.


Should you plan to travel in North America, Europe or Australia, there are numerous doctors and hospitals available for care of patients with ICDs if the need should arise. There are limited centres available in Asia, Africa and South America. Names and addresses for these centres are available through the Electrophysiology Office. It is helpful for us to know about your travel plans in advance so we may assist you in this matter.

Foreword: Note to Patients

This booklet contains information about Implantable Cardioverter Defibrillators (ICDs), a device that has been recommended for you for treatment of an abnormal heart rhythm or arrhythmia.

Your arrhythmia doctor (electrophysiologist) or a nurse specialist from the Electrophysiology Office will talk with you and your family about the ICD and answer any questions you may have. We can also arrange for a person who has an ICD to visit with you.

It is very important that we continue to follow you once you go home. There is always someone who can answer any concerns that you or your family may have. Please call us at the following numbers:



calgary health region

Cardiac Arrhythmia Clinic

Foothills Medical Centre
Rm. 956, 1403 - 29th Street N.W.
Calgary, Alberta T2N 2T9

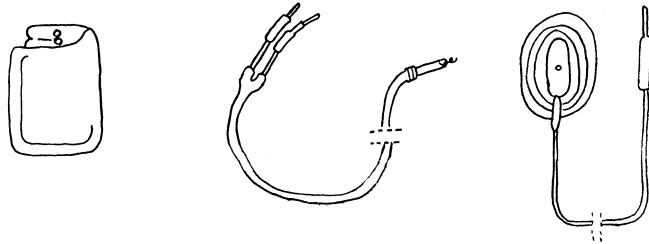
Tel: (403) 944-4632 Tel: (403) 944-1248

Electrophysiologists:	Nurse Specialists:
• Dr. D.G. Wyse	• Peggy Cassidy, BN
• Dr. L.B. Mitchell	• Darlene Ramadan, BN
• Dr. H.J. Duff	• Tricia Flanagan, BN
• Dr. A.M. Gillis	• Mary Lou Koshman, RN
• Dr. R.S. Sheldon	• Kandice Schroeder, RN
• Dr. D.V. Exner	• Angela Doucet, RN
	• Jody Karpiak, RN

What is an Implantable Cardioverter Defibrillator (ICD)?

An ICD consists of a generator pack most often placed under the skin in the upper left chest area, and one or more leads put through a vein into the heart cavity. If needed, a patch may also be placed under the skin in the chest area to increase the area of muscle to be shocked (defibrillated).

An ICD is used to treat abnormally fast and ineffective heart rhythms (arrhythmias) that may be life threatening. These arrhythmias include ventricular tachycardia (rapid regular rhythm) and ventricular fibrillation (rapid irregular rhythm).



Why is an ICD used?

Ventricular tachycardia (VT) – In this rhythm your heart beats very fast but remains regular. The heart is beating too fast for the blood to adequately fill the heart chambers. This may cause the blood pressure to fall and you may feel palpitations, dizzy or lightheaded. The ICD will treat this rhythm disturbance first by giving fast pacing impulses into the ventricle (lower chamber of the heart). This is an attempt to override the abnormal heart rate. Your doctor will determine how many pacing attempts the ICD will make to correct your VT. If these pacing attempts are unsuccessful the ICD will go on to give a stronger, sudden electrical impulses called cardioversion shocks into the ventricle. If you are awake during these shocks, they may feel like a kick in the chest. This pain will go away quickly.

Ventricular Fibrillation (VF) – In this arrhythmia there is no organized heart rhythm. Untreated VT will sometimes end up as VF. In VF your heart muscle is quivering and little blood is being pumped through your body. This often results in a rapid loss of consciousness. The only effective treatment for this arrhythmia is a **defibrillation** shock. The ICD sends a high energy shock into the ventricle which will stop all electrical activity for a split second. This allows an organized, effective heart rhythm to return.

Also, your ICD will act as a pacemaker if your heart rate becomes too slow (**bradycardia**). This is often the case after a cardioversion

An application form for this type of jewelry will be included in your discharge teaching folder. Alberta Health Care does not cover the cost of medical jewelry. If you have additional health care coverage you need to ask if this type of cost can be recovered through their service.

Follow-up Visits

Most patients will go home from the hospital within a few days after their ICD is implanted. Before you leave, the nurses from the Electrophysiology Office will check your ICD and make any programming changes that are needed.

If you live outside of the Calgary area, the Electrophysiology Office will call your local doctor and clinic about your follow-up. There are hospitals in other major cities that will follow patients with ICDs. There may be a centre closer to you than Calgary where follow-up will be more convenient. Regular follow-ups are available at these centres and can be arranged through our office.

Please note that at the time of the printing of this booklet, Edmonton and Calgary only perform the surgery to implant leads and ICDs in Alberta and Saskatchewan.

Generally, patients are seen at 2 months, 6 months, and 12 months from the date of the ICD implant, and at 6 month intervals following the first year. This schedule enables your electrophysiologist to monitor how you are feeling, and how the ICD is performing for you. At each visit, any one or more of the following tests may be performed:

1. **Holter monitor and ECG** - a holter monitor is a monitor that you wear for 24 to 48 hours at home. It will give the doctor a continuous heart tracing while you perform your usual daily activities. An ECG is a tracing of the electrical activity of the heart.

Identification Card

Before you leave the hospital, you will be given a temporary identification card that indicates the type of ICD you have received along with a physician contact and your personal information. The electrophysiology nurse will register you with the company who manufactures the ICD and they will send you a permanent plastic identification card to carry in your wallet. Your registration with the ICD company will allow the company to notify your doctor of any relevant information about your ICD. This card will also serve as a source of important information that can be used in an emergency situation.

Implanted Cardioverter-Defibrillator Identification Card	
Pulse Generator:	
Model/Serial No.	_____
Implant Date	_____
Lead Model	_____
Lead Adaptor Model	_____
Physician Contact:	
Name	_____
Telephone No.	_____
Name	_____
Address	_____

City	_____
State	_____
Zip	_____

Medic Alert

You are encouraged to buy Medic Alert or Life Alert medical jewelry. On it will be engraved any medical conditions, the type of ICD you have, your personal information, and emergency contacts. This is one of the first sources of information that paramedics and other emergency personnel will look for on your person if you are unable to talk.

or a defibrillation. In this case, the ICD will pace at a pre-programmed interval until your regular heart rhythm returns to its normal rate.

Some ICDs have more complex brady (slow) pacing capabilities for patients who may need this type of pacing support. These ICD's will pace in both the upper and lower chambers of the heart. This copies the natural electrical function of the heart more closely. Some ICDs may also treat rapid arrhythmias of the upper chambers (atria) of the heart. Your electrophysiology doctor or nurse will inform you about the type of ICD you will need.

Note: *It is important to note that your ICD **will not prevent** the above arrhythmias from occurring. The ICD will only treat them once they occur. If your arrhythmias occur often, you may need medication to help prevent them from occurring.*

How to Prepare for your Surgery

Once it has been decided that you require an ICD, a nurse specialist from the electrophysiology office will arrange a visit to speak with you and your family about the ICD. It is important that your family or any significant others attend this teaching session. The electrophysiology nurse will sit and speak with you about the purpose and the function of the ICD. They will answer any questions that you or your family may have. In addition, you will be given relevant reading materials that you may keep.

There are volunteers who have ICDs implanted who can come and visit you prior to your surgery. If you wish to speak to one of these people about their experience with an ICD please notify the electrophysiology nurse.

If you are on a blood thinner, this medication may need to be stopped prior to surgery.

You may be visited by the surgeon and/or the anaesthetist prior to your surgery. You will be asked to sign a consent form for the surgery.

The night before your surgery you will not be allowed to eat or drink anything after midnight. The morning of your surgery you will be asked to empty your bladder and the nurse will make sure that your intravenous (I.V.) is working. You will be taken by stretcher to the operating room reception area.

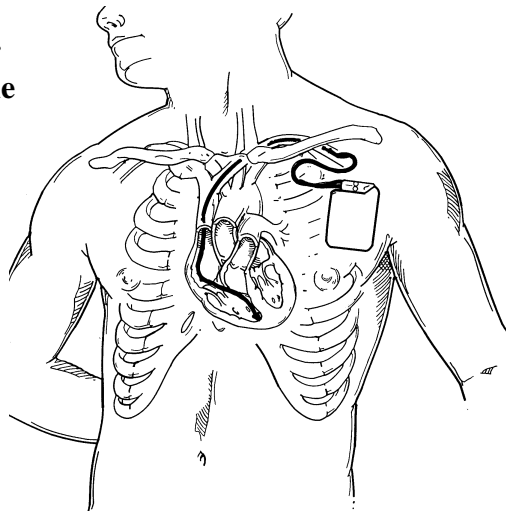
What Happens During Surgery

The nurses in the operating room will confirm your identity and the operative procedure you are having. Once inside the operating room the anaesthetist will check your I.V., place ECG leads on your chest and special monitoring patches on your back. A blood pressure cuff may be placed on your arm.

ICD implants are done under general anaesthetic. You will be asleep for the implantation and testing of the lead(s) and device. Most ICDs are implanted in the upper chest area. There are rare times that this device is put in the abdomen. This will be discussed with you prior to your surgery.

After the implant is done you will be woken up. Once your vital signs are stable and you are able to respond to questions, you will be taken to the recovery room where you will be kept for about an hour until the effects of the anaesthetic wear off. You will then be returned to your hospital room.

Placement of defibrillator and single lead in ventricle



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2) Heart to Heart Support

This group includes people who have all forms of heart disease, not specifically ventricular arrhythmias. There are various chapters of this support group throughout Alberta. Branches of this group include a club for men 49 years of age and under, and a womens' support group. Call (403) 252-0993 or (403) 279-0458 for information.

3) Alberta/NWT Heart and Stroke Foundation

The Heart and Stroke Foundation has educational resources materials and a video lending library that is available to cardiac surgery patients and their families. For more information contact the Resources Centre at (403) 781-7137.

4) SADS Foundation

A resource and support group founded by and for families who have experienced sudden arrhythmic death. E-mail: sads@sads.org (U.S.) - an excellent source of information regarding Long QT syndrome. Local chapter: 1-877-525-5995 or e-mail sadsalberta@hotmail.com

5) Canadian Working Group on Cardiac Pacing

A group of professionals with current articles on pacemakers and internal defibrillators. Website designed for public use: www.canpacecan.org

Psychological and Social Implications

Most often, the decision to implant an ICD in you occurs on an urgent or emergency basis. You will have been admitted to the hospital because of an arrhythmia, or the arrhythmia has occurred while in the hospital. Therefore, the diagnosis of an arrhythmia can be a sudden, unexpected one. This leaves little time for you and your family to cope emotionally or psychologically with such an important event. Communication with your caregivers and family becomes very important at this time.

Before surgery, a nurse and a doctor from the Electrophysiology group will explain to you the purpose and function of the ICD. They will also answer any questions you and your family may have. We encourage you to ask questions not only about the ICD itself but also about lifestyle, medications, what to expect when you return home, and any other issues you feel are important.

We strongly urge all family members to be aware of the need for and the basic function of the ICD. We also strongly urge that the family members who will be in closest contact with the patient (i.e., spouse, adult children, other significant others or caregivers) be trained in Cardiopulmonary Resuscitation (CPR) at the community level as this may be needed at any time. The nurses on your unit can give you information on where you can take this training in the community.

Support Services

In addition to emotional support provided by your family and friends there are a number of Heart Health support groups in Calgary for people whose lives have been affected with heart disease. These include the following:

1) **The Lucky Tickers**

The Lucky Tickers is a group of people who have been diagnosed with ventricular arrhythmias. They are being treated for this with an ICD or with medication or both. Meetings are held on the second Tuesday of every second month from September to May. Spouses and other family members or friends are welcome. See pamphlet enclosed.

What to Expect Following ICD Surgery

Pain Management

Your ICD incision and shoulder muscles will likely be sore to touch for about a week to ten days after surgery. Often there is bruising and slight swelling around the implant site. While you remain in hospital, your doctor will order pain control medication for you. It is important that you take this medication regularly. If you allow the pain to increase, it can affect your mobility and consequently how quickly it will take for you to recover from the surgery. Please ask your doctor for a prescription for pain medication.

It is important that you limit movement in the affected arm for eight (8) weeks after surgery to allow the area to heal and the implanted lead to become well fixed in the ventricle.

- **Do not raise your elbow above shoulder height**
- **Do not do any lifting (greater than 10 pounds)**
- **Do not do any vigorous activity for 8 weeks**

Exercise and activity will be discussed further on in this booklet.

Incision Care

When you recover from the anaesthetic after your surgery you will notice that your incision will be covered with a bulky, soft bandage. The nurses caring for you may place an ice pack on top of this dressing to help reduce the swelling.

Before you go home, this dressing will be removed, leaving the incision open to the air. There may be smaller strip-like bandages covering it. These are called steri-strips and will peel off on their own within ten days to two weeks. In the majority of cases the surgeon will use dissolvable sutures under the skin layer, i.e. you will not be able to see any sutures on the skin surface. Your body will absorb these sutures in about 2 weeks because they are made of a biodegradable material. If you have visible sutures that are

not the absorbable type, you will need to arrange with your family doctor or one of the electrophysiology nurses to have these sutures removed within 7 to 10 days after your surgery.

Hygiene

You may shower once the bulky outer dressing has been removed from your incision. Check with the nurse on the ward about this if you still have an I.V. in place or are wearing a heart monitor. Please do not use soap on your incision and do not rub it with your hands or with a cloth or sponge. Avoid allowing the shower to pound directly on a new incision. Avoid soaking in the tub until your incision is well healed (usually after ten days to two weeks post surgery). When you do have a tub bath it is important to take care not to stress your affected arm climbing in and out of the tub; have someone assist you with this. It is normal to have some scabbing over your incision; this should not be removed but should be allowed to fall off. Do not cover your incision with a dressing; it heals best when left open to the air to dry.

Signs and Symptoms of Infection

If you have any of the following signs and symptoms **it is important that you call your family doctor or the Electrophysiology service immediately:**

- temperature increase greater than 38.5°C for more than 24 hours
- increased swelling or tenderness at the incision site
- warm to the touch or a burning sensation at the incision site
- a foul-smelling or purulent (pus) discharge from the incision
- other signs of infection such as chills, aches, sweats
- severe bruising or bleeding at the incision site
- any signs of hardware (ie. wires or metal) poking through the incision

- ultrasound should not be used within 6 inches of the ICD.
- transthoracic cardioversion electrodes should be placed >5cm from the implanted device and backup transcutaneous pacing should be available.
- lithotripsy, or removal of kidney stones is a concern only if the ICD is in the abdomen.
- ECT (Electroconvulsive Therapy) should have experienced personnel present to monitor ICD activity.
- cellular phones can be operated on opposite shoulder of ICD implant; **do not keep cell phone in a pocket close to ICD with the power on.**
- if your work environment involves exposure to high intensity electromagnetic fields, please ask the EP nurse or doctor for instruction.

*** If you require surgery in the chest, neck or upper abdominal areas please notify the Electrophysiology Office prior to such surgery as it may be necessary for us to temporarily disarm the ICD.**

In addition to the above precautions it is important to know that a **person with an ICD should never be cremated** unless the ICD is removed prior to cremation.

Returning to Work

The decision if and when to return to work will depend on a number of factors. These factors include how quickly you recover from your surgery and the nature and demands of your job. Since these factors vary greatly from person to person, this discussion is best left up to the individual patient and their doctor. (encl. "Energy Conservation and Work Simplification")

- large TV or radio transmitting towers and power lines carrying over 100,000 volts (maintain 25 foot distance)
- do not touch the spark plug or distributor wire of a running car or lawn mower
- **MRI (Magnetic Resonance Imaging) is not usually an option for patients with ICD's; ask your doctor before proceeding with MRI**

The following is a list of electromagnetic sources that need to be **used with caution** as they may interfere with the ICD:

Use with Caution

- electrolysis (for removal of unwanted hair) depends on location/placement of grounding pad.
- anti-theft systems, also called electronic article surveillance (EAS) systems, widely used in shopping malls, supermarkets, libraries, typically consist of one or two columns placed opposite each other near store entrances. Walk through normally, do not lean against the columns or stand in the path way for any length of time.
- airport security systems; i.e. the metal detectors and wands; please warn security you have an ICD and that you will need to be **hand searched only**.
- laser surgery, electrocautery or electrosurgery and radiofrequency ablation should be performed by personnel that are familiar with ICDs*.
- high energy radiation (such as cancer treatment) should be directed to avoid the ICD by at least 6 inches. If you are radiated in close proximity to your device, please notify the EP dept. for guidance.
- TENS (transcutaneous electrical nerve stimulation) should be avoided in thoracic, cervical, shoulder and chest area.

When Can I Go Home?

In most cases you will stay in the hospital for 24 hours after ICD implant surgery. Your doctor will determine whether or not you are fit to go home. There are many factors that will influence this decision such as the outcome of the surgery, if medications require adjusting, or if you have support to assist you at home. In many cases, your discharge will follow a long stay in the hospital. Many patients feel they are not prepared, mentally or physically, to cope at home. The electrophysiology nurses and doctors will make every effort to answer your questions about returning home. It is normal to feel some anxiety at this point and discussing this with the staff will be helpful. Other support and information services will be discussed in a separate category.

Going Home/Living with your ICD

Exercise

The amount and type of exercise you do after leaving the hospital will be different for each person. This depends in part on the types of activities engaged in prior to hospitalization, your present physical condition and what your doctor feels is best for you. It is important that you make the effort to start and follow an exercise routine. Some options are walking, cycling and golfing (see guidelines below). If you are not used to exercising, it will be necessary for you to start slowly and gradually increase your activity to a level where you feel comfortable. Discuss these options with your doctor or nurse and use common sense.

There are some precautions that will be necessary following your surgery. These are as follows:

- **no heavy lifting, pushing or pulling** anything over 10 lbs or 4.5 kg for the first 12 weeks post surgery
- **no vigorous activities** such as aerobic workouts, skiing, jogging, tennis, shoveling snow, mowing the lawn, vacuuming, raking or chopping wood for the first 12 weeks following surgery

- **no golfing** for 12 weeks after surgery, as the swinging action may dislodge the defibrillator or leads

Having an ICD will not prevent you from enjoying most activities and hobbies. There are some ongoing precautions though, such as:

- **no rough physical contact sports** such as hockey or football that may injure you or jeopardize your ICD generator
- **avoid hunting if the rifle butt is rested on the same side as the ICD**
- **avoid upper body weight lifting as this action may crush the leads**
- **if you experience temporary loss of consciousness** with your arrhythmias please check with your electrophysiology doctor before engaging in activities such as swimming, rock climbing or water skiing

Again, use common sense when you exercise or begin activities. If in doubt, please ask your doctor or nurse.

Will the ICD Interfere with Exercise?

Almost all ICDs are set to detect and treat ventricular arrhythmias based on rate. Your ICD will be “custom programmed” to accommodate your particular arrhythmia rate. If during exercise, you are able to maintain a fairly rapid heart rate (above 150 beats per minute), this heart rate may be within the detection zone of the ICD. To avoid being treated inappropriately by the ICD during exercise, your doctor can modify your ICD settings.

Therefore, it is important for us to know if you plan to start an exercise program before going home, or at any time following discharge. That way we can make the right programming changes.

- major appliances: washer, dryer, electric stove, refrigerator
- electric blanket, heating pad
- office equipment: electric typewriter, photocopier, personal computer, fax machine
- light shop equipment: table saw, drill, etc. (keep such tools at least 12 inches away from ICD implant site)
- CT or CAT (Computerized Axial Tomography) scan
- automatic remote car starter
- diagnostic x-rays including dental x-rays and mammograms

The following is a list of electromagnetic sources that **should be avoided**. These sources are strong enough they may temporarily turn off the detecting capabilities of your ICD and keep it from treating an arrhythmia, or, the electromagnetic interference can mimic an arrhythmia and cause an inappropriate shock:

Should be Avoided

- chain saws
- industrial equipment
- arc and resistance welder (ask your EP nurse or doctor for specific guidelines)
- induction furnace
- large generators and power plants
- large magnets such as those used in some stereo speakers
- antenna used to operate a CB or ham radio and other radio transmitters

- unable to sleep following sexual activity
- extreme fatigue following sexual activity

When to avoid sexual activity:

- wait three hours after a meal or consuming alcoholic beverages
- avoid extremely cold, hot or humid weather (your body is already working hard to maintain normal body temperature)
- avoid unfamiliar surroundings or a new partner which increase stress and therefore the workload on the heart
- postpone sexual activity if you are tired or angry (wait until you are well-rested and rest afterwards)

Avoiding Electromagnetic Sources

Many appliances and equipment we encounter on a daily basis use electricity and magnets. Many of these electromagnetic sources are weak and will not affect your ICD in any way. The following is a list of such items that are **safe to use** providing that they are properly grounded and in good repair:

Safe to Use

- microwave ovens
- garage door openers
- television, AM/FM radio, VCR, remote controls
- tabletop appliances: toaster, blender, electric can opener, etc.
- hand-held appliances: hair dryer, shaver, etc. (avoid holding these against your ICD)
- transmitters for remote-controlled equipment or toys

If your cardiologist or another doctor orders an **Exercise Treadmill Test** for you it is important that the Electrophysiology Office be notified. Sometimes you may need to have your ICD programmed during your Treadmill Test so that you will not be treated inappropriately.

There is a cardiac rehabilitation program designed for patients with heart disease at the Lindsay Park Cardiac Wellness Institute in Calgary. Ask your doctor or nurse for information about your eligibility for enrollment.

Driving

The Alberta Solicitor General has set medical guidelines for your electrophysiologist to refer to when determining when you can drive. In general, if your rhythm is well controlled (medically or surgically) you may be able to return to driving. Depending upon the nature of your arrhythmia problem, there will likely be some restrictions as to when you can resume driving and the types of vehicles you are permitted to drive. You will not be able to drive until given permission by your electrophysiologist and you may be asked to sign a driving waiver stating that you are aware of this restriction. You must not attempt to operate any vehicles prior to this date or you may **threaten the safety of yourself and others**. Please note that operating a vehicle during this time may also void your insurance.

The Importance of Medications

Prescriptions for the medications you will be taking at home will be given to you upon discharge. Your nurse and/or pharmacist will be able to review with you the reason for taking the medication(s), the dosages, how often and when to take the medication(s), potential side effects, and the importance of following your medication routine. A teaching sheet specific for each medication will be given to you to take home. It is very important that you do not change the dose of your medication(s) or how often you take it. This is important as the spacing of the doses equally throughout a 24 hour period ensures that the level of medication in your bloodstream remains constant. If your medication is causing side effects you need to contact the doctor who prescribed it for you.

If you visit other doctors for reasons other than your heart rhythm problems it is important for these doctors to know what medications you are currently taking. Most patients find it helpful to carry a current, complete list of the medications they are taking to use as a reference. **Do not allow other doctors to change any heart rhythm medications without first talking with your electrophysiologist.** Often a change in such medication requires a hospital admission.

If the medication Cordarone (amiodarone) has been prescribed for you, you will need to have regular eye examinations. A referral letter will be given to you to arrange special follow-up with an ophthalmologist.

What Should I Do if My ICD Discharges?

Most people will recognize when their ICD is treating them. Often an arrhythmia is accompanied by symptoms such as dizziness, lightheadedness, or even loss of consciousness. If you are aware that your arrhythmia has started, **lie down and if possible, have someone stay with you.** If your ICD is new to you and it is treating you for the first time, it is advisable to let the electrophysiology staff know. Depending on the circumstances surrounding the treatment, they may ask you to make an appointment to be seen and to have your ICD checked to determine the appropriateness of the treatment. Otherwise, these are the guidelines we ask you to follow:

If my ICD shocks once and I feel fine:

There is no need to let the electrophysiology staff know. However, it is helpful to us if you keep a record of when you get your shock and what you were doing at the time, including any symptoms you experienced.

If my ICD shocks and I don't feel well:

Proceed to your nearest emergency department. If time permits, please try and notify the electrophysiology (EP) office so we can plan for your arrival.

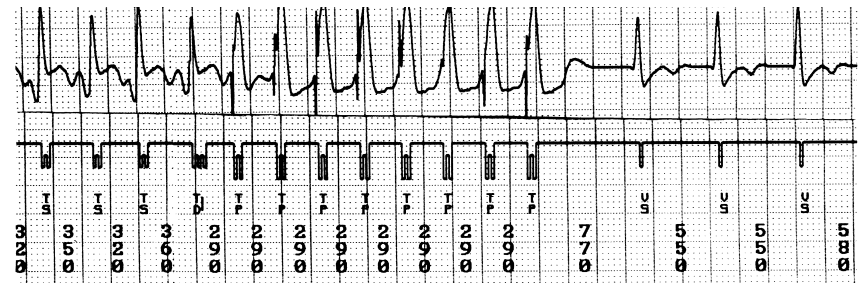
If my ICD shocks multiple times my family should:

Call 911. We encourage that family members be trained in CPR(cardiopulmonary resuscitation) should this be necessary if you do not recover consciousness after being treated by the ICD.

If you feel as though you may have had a pacing therapy please do not hesitate to contact us at 944-1248. Your call will be answered during working hours on weekdays, or leave a message. We will advise you as to what to do.

If you feel as though you are having an arrhythmia and the ICD is not treating you, or if you are feeling generally unwell, proceed to your nearest emergency department. Do not drive yourself!

If alone, call for help or call 911!



Sexual Activity

After your surgery, you and your partner may be wondering when you can safely engage in sexual activity. The amount of exertion required is equal to climbing a flight of 18 stairs or taking a brisk walk. Increasing your cardiovascular fitness and tolerance for exercise will increase your physical tolerance for sexual activity. If you can manage the above activities without shortness of breath, palpitations or chest pain, sexual activity may be resumed. If you experience any of the following after engaging in sexual activity, please notify your doctor:

- rapid heart rate or palpitations that persist after sexual activity
- chest pain during or after sexual activity