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The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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Information for Patients having a transvenous Implantable Defibrillator (1 of 3)

What is an ICD?

An ICD is a small, metal, battery powered device with similar functions to a pacemaker. It has the ability to deliver a 'shock' within the chest to treat life-threatening heart rhythms. These life threatening rhythms are called ventricular tachycardia [VT] and ventricular fibrillation [VF].

What are the benefits

The main benefit from having an ICD is to prevent you from the risk of sudden death due to life-threatening VT and VF. It can also treat some other heart rhythm disturbance without delivering a 'shock'.

Will it work for me?

The Cardiologist will have recommended that this is the most appropriate treatment for your condition. If you feel you need more information, please ask the Cardiologist or specialist nurse before you sign the consent form. You should not have this procedure unless you are fully informed and happy to proceed.

Pre-assessment clinic

Before the procedure, you will be invited to attend a pre-assessment clinic. This will usually be one week before the planned procedure and takes about an hour. You may require a blood test, chest X-ray and skin swabs. Failure to attend this appointment may result in the cancellation of your procedure so please let us know if the date is inconvenient. Please call the number on this paperwork to rearrange your appointment as soon as possible.

The procedure itself takes place on level 4 in The Cardiac Suite. This is a unit designed specifically for performing tests and procedures on the heart.

As X-rays are used, it is important you tell us immediately if there is any chance you could be pregnant.

You should not eat for 6 hours but you can drink water up until 2 hours before the procedure.

You can take your tablets as usual with some water but do not take your diuretic tablets [i.e. furosemide]. If you have diabetes, you should speak to the nurse at the pre-assessment about what you should do. You should wear loose comfortable clothes as you will be asked to undress

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from the waist up. Ladies will be offered a hospital gown.

A cannula (a small flexible plastic tube inserted into a vein) will be inserted into your arm and electrodes will be attached to your chest and limbs to monitor your heart rhythm [ECG]. Your blood pressure will also be monitored regularly throughout the test.

You will be given sedation through the cannula in your arm to prevent any discomfort and to help you relax.

During the procedure

Throughout the test, you will be looked after by an experienced team of people including the Cardiologist who will be implanting the device. A small cut [approx. 5-7cms] is made in the skin just above the left breast which will leave a scar. You may have one, two or three leads inserted depending on what the Cardiologist recommends. The lead(s) are carefully manipulated into the heart. The position of the leads will be checked using X-ray and the performance of the device will be checked using a special monitoring device. A life threatening rhythm may be induced under controlled circumstances, and the ICD will be instructed to treat this with a shock.

You should not be aware of this. Once the Cardiologist is happy that all is working well, the wires will be attached to a small battery which is secured in place under the skin. The cut will be closed using dissolvable stitches and a dressing will be applied.

After the procedure

You will be transferred to Tisbury Ward [the cardiac ward] where you will be monitored overnight. You should try to keep your arm as still as possible because excessive movement can cause the leads to become displaced. You will also be given antibiotics to take before and after the procedure to minimise the risk of infection.

The day after, you will have a chest X-ray to check the position of the leads and a device check. You will be given a pacemaker identification card and an appointment to come back for a further check plus an outpatient appointment to see one of the cardiac nurse specialists. This should be approximately 4 weeks later. The wound should be kept clean and dry until it has fully healed. You can help the healing by avoiding lifting your arm above shoulder height for the first two weeks.

You will be given an ICD identity card, emergency information and instructions on what to do before you go home.

Getting back to normal

After a short period of convalescence, you should be able to return to your normal activities. The DVLA has strict rules about driving after insertion of an ICD. The rules vary according to your specific condition but as a minimum, you cannot drive for 1 month. It is important that you inform the DVLA and your insurance company that you have had an ICD. Stricter rules may apply if you drive for a living or have had any recent loss of consciousness. The DVLA should be able to advise you further.

There is no reason why you can't return to work but you may need to inform your Occupational Health Department or Health and Safety Advisor.

What to do if the device gives a shock

You may get a warning that the device is going to deliver a shock. If this happens, you should try to sit or lie down and if possible tell someone nearby what is going to happen. You should recover very quickly but must let us know as soon as possible. You may have to leave a message on an answer phone but someone will get back to you as soon as possible. If you feel unwell after a shock, you should dial 999.

Is there any equipment that may affect my device?

You should avoid carrying magnets or placing one over your chest. Most electromagnetic interference will not damage your device but if you ever feel dizzy or experience palpitations whilst using an electrical appliance, you should move away from the device and let us know.

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