

# CARDIOVASCULAR CONSULTANTS, P.A.

Keith M. Lindgren, M.D., FACC

Dennis J. Donohue, M.D., FACC

Robert DiBianco, M.D., FACC, FACP, FAHA

Louis J. Larca, M.D., FACC

David M. Brill, M.D., FACC, FSCAI

James L. Cockrell, Jr., M.D., FACC

Laurence R. Kelley, M.D., FACC

Daniel J. Fericola, M.D., FACC

Mark A. Turco, M.D., FACC, FSCAI

Sung W. Lee, M.D., FACC

Maureen Collins Fennell, M.D., FACC

---

## Implantable Cardioverter Defibrillator (ICD) Therapy

*James L. Cockrell, M.D., FACC & RG Brockman, M.D.*

**Serious, potentially life-threatening abnormal heart beats (cardiac arrhythmias) affect at least 400,000 people in the United States each year, and if untreated can result in fatal events. Your medical team has determined that you are at significant risk of suffering from such potentially serious cardiac arrhythmias, including ventricular tachycardia or ventricular fibrillation, and are a candidate for implantable cardioverter defibrillator therapy to control these potentially serious arrhythmias.**

**While medicine therapy can be used to control these serious arrhythmias for some patients, many patients are not good candidates for such therapy, often because of side-effects or resistant serious arrhythmia despite drug therapy. In view of this, implantable cardioverter defibrillator (ICD) device therapy has emerged as successful therapy for an increasing number of patients.**

**The modern device is made up of a battery, special electrical wires, advanced electronics and a computer that is capable of an impressive number of complex functions to control even the most severe arrhythmias. The medical team can adjust the device performance to meet individual patients. The relative merits of ICD therapy, as well as alternatives, should be discussed with the medicine team before implantation.**

**After implantation, the patient should keep the incision sites dry, avoiding showers for 10 days, and sponge bathing until then. Heavy lifting or raising the arm on the side of the implantation site above shoulder level, should be avoided for 2 weeks to prevent excessive stress at the healing site. Some skin discoloration and tenderness over the sites is normal. Excessive swelling, pain or drainage from the implantation sites should be reported right away.**

**In the long term, ICD therapy has been found to be very successful. Most patients are able to return to normal productive lives with few restrictions. It can take a period of weeks to get used to the new device. Direct blows to the defibrillator sites should be avoided. It is generally a good practice to carry device identification, usually in the form of an ID card supplied by the manufacturer. Patients should let other physicians know about the defibrillator, particularly exposure to large magnets, including those associated with diagnostic magnetic resonance imaging (MRI) scans. Specific discharge instructions regarding your ICD will be given to you by the doctor or nurse practitioner before you leave the hospital.**

**Routine periodic follow-up of the ICD is necessary in the defibrillator clinic. The visits to the clinic are brief and painless, but are important to verify normal function and maintain full device capability. The time period for battery replacement varies according to individual patients, but is often 3 to 5 years, and typically involves a relatively simple replacement procedure in the hospital.**