

Implantable Loop Recorder

Cardiology Day Ward and Cardiac Catheter Suite

Introduction:

This leaflet has been designed to give you information about the procedure of implantable loop recorder insertion, a procedure which your Doctor has recommended to you and about which (s)he has given you information. It will help you understand what will happen to you before and after the procedure, explain the possible risks of the procedure and any other alternatives if you do not wish to go ahead with the procedure. It is designed to make sure that you know as much as possible about the procedure before you agree to it and sign the consent form.

What is an Implantable Loop Recorder (ILR)?

An ILR is an implantable cardiac monitor. It is used to record your heart rate and rhythm at the time of your symptoms e.g. unexplained blackouts, near blackouts, dizziness or palpitations. It may also be used to record a heart rhythm even though the patient may not have any symptoms, e.g. after a stroke of unknown cause ('cryptogenic stroke').

What does it look like?

The ILR is a small metallic device. Electrodes that sense the hearts electrical activity are on the surface of the device, so no wires are necessary. The most commonly used ILR ("Reveal LINQ") is similar in size to two matchsticks glued together length wise (44.8 x 7.2 x 40mm). Devices from other manufacturers may vary in size and shape from that described.

How is it implanted?

It is inserted beneath the skin in the upper chest wall on the left side after numbing a small area (local anaesthetic). A small cut is made in the skin (half an inch long) and a pocket made beneath the skin. The ILR is inserted into this pocket and the wound is closed. The procedure lasts half an hour and involves a short stay in hospital (of about 4 hours) on the cardiology day ward.

Before you go home you will also be given a hand held activator which needs to be placed over the implanted device when you experience any of the above symptoms.

In addition, information will also be given to you about how the device can be monitored while you are still at home and without the need to attend hospital.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

How does it work?

The Cardiac Physiologist will explain to you how the device works before you leave hospital.

The device continuously monitors your heart's electrical activity. If your heart beats go slow or fast, it will automatically make a recording. In addition, if you experience an abnormal event, you or a family member places the hand-held activator over the implanted device. By pressing a button it triggers the ILR to record this event and store it. This data can then be retrieved from the device's memory and examined by the Doctor.

The retrieval of information from the device is done externally, by using a wand. The device does not have to be removed to access the necessary data. The regular 'follow up' appointments for the ILR will download the information by radio frequency, either on site or with a 'home monitor' device.

The removal of the device can vary significantly in time, (from one month to three years), depending on when the ILR gives a result or if the battery has expired.

What are the risks and benefits?

Benefits:

- It is currently the most effective method of diagnosing your infrequent symptoms or monitoring your heart rhythm over long periods of time
- It can be left in place for up to 36 months to detect infrequent symptoms
- Research has shown the device can determine your heart rhythm at the time of your symptoms in a vast majority of cases
- You will be able to continue your normal activities - including swimming.

Risks:

- ILR implantation is a low risk procedure
- Infrequently (1 in 100), bleeding can occur from the insertion site
- You may experience some (1 in 100 risk) bruising or blood collection ('haematoma') around the insertion site which should resolve in a few days
- There is a small risk (1 in 100) of infection at the insertion site.

Alternatives to not having this device implanted

The alternative to having an ILR is to use an event monitor (externally worn recorder), which you may have tried already. This is only issued for a period of up to 4 weeks and if your abnormal event happens less often than this you may miss it. Also unless correctly used, it may not record a clear trace to make a diagnosis.

Without the correct information your Doctor will be unable to prescribe treatment for you. It would be up to your Doctor to decide if (s)he wants to continue trying to capture abnormal events using this method. This could cause a delay in diagnosis and treatment.

What preparation is needed?

- Patients, including diabetics, should follow their normal meal pattern on the day of the procedure. However, try to avoid a heavy meal in the few hours before the procedure
- Please arrange for a relative or friend to collect you after the procedure
- Alternatively you should be in a position to drive when discharged

- We advise you not to bring large sums of money or valuables with you, If this is unavoidable, they should be handed in for safekeeping
- Avoid wearing jewellery, make up or nail varnish; your wedding ring may be left on if you wish; we will cover it with tape.
- We will provide you with a gown to wear during the procedure
- Bring in your dressing gown and slippers
- Your consent will be reconfirmed. Please use this opportunity to voice any concerns you may have
- You will be fitted with a wristband with accurate details about you on it. It ensures that staff can identify you correctly and give you the right care. It is important that you do not remove it until you go home
- The Nurse may clip any excess chest hair around the area for insertion. Your blood pressure, pulse and temperature will be checked. We may take a sample of your blood to make sure it is not too thin before the procedure.

Consent

We must seek your consent for any procedure or treatment beforehand. Your Doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

Medications:

Bring all your medication in the original containers.

What to do if you are diabetic?

- If your diabetes is diet controlled you may follow your normal routine
- If you take tablets (including metformin) to control your diabetes you may follow your normal routine and take your tablets
- If you use insulin in order to control your diabetes you may follow your normal routine.

What to do if you are taking blood thinning medication?

If you are taking warfarin, phenindione or one of the NOAC's e.g. apixaban, dabigatran, edoxaban, rivaroxaban, etc. please continue taking them as you normally do. Please contact us on 01902 694300 if in doubt.

What happens during the procedure?

- You will be taken to a small operating theatre just a short way from the day ward
- You will be asked to lie on your back with support for your head. We will do our best to make you as comfortable as possible
- Your chest will be swabbed with antiseptic which will feel quite cold for a few seconds. Sterile drapes will cover your chest apart from the area identified for insertion of the device
- You may feel a sharp scratch and stinging when the local anaesthetic is given, but within a short time this area will become numb
- A small cut is made and a small pocket is formed under your skin, the same shape as the ILR. The device is then inserted, the incision site sealed, and a dressing applied

- The whole procedure should take approximately 30 minutes.

What happens after the procedure?

- You will return to the day ward to recover on your bed for a short while
- You will be given something to eat and drink
- You should be able to go home within two to three hours
- Nursing staff will monitor your blood pressure and pulse, check your wound site for any signs of bleeding and apply a dry dressing before you go home
- The Cardiac Physiologist will give you details about what to do if you have an abnormal event and how to record this. They will also advise you of the home monitoring system.

Going Home Advice

- If you experience any discomfort you will be advised to take painkillers you are familiar with. If your wound becomes red, swollen, painful or warm to touch, contact the Cardiac Investigation Device Clinic or the Cardiology Day Ward and Cardiac Catheter Suite or Cardiology Ward (out of hours). Contact number for these areas are given later on in this booklet
- There are no stitches to remove. Please keep the wound dry for 5 days after the procedure
- You will be seen in the Cardiac Investigations Department after one month to check your wound site. You will then have an appointment every three months for your device memory to be checked for evidence of any abnormal heart rhythms.

How to contact us:

Cardiology Day Ward and Cardiac Catheter Suite

Third Floor
Wolverhampton Heart and Lung Centre
New Cross Hospital
Wolverhampton
West Midlands
WV10 0QP

Tel: 01902 694273

Cardiac Investigations Device Clinic

01902 694235

Out of Hours Cardiology Ward

01902 694330

Additional information is available from:

Arrhythmia Nurses
New Cross Hospital
Heart and Lung Centre

Tel: 01902 694271

Wolverhampton Coronary Aftercare Support Group (WCASG)

Heart and Lung Centre,
New Cross Hospital,
Wolverhampton

Email: wcasg79@gmail.com

Tel: 01902 755695 Mobile: 07889 063647

Website: www.have-a-heart.net

Patient Liaison Service (PALS)

New Cross Hospital.

Tel:01902 695362. Mobile: 07880 601085

Pager:1463 (Dial 01902 307999 and ask the switchboard operator to connect you to the pager).

Website: PALS@nhs.net

Age Concern Wolverhampton

Discharge support service for anyone aged 50 or over, based in New Cross Hospital.

Tel: 01902 695517 or 07753 718929

Asian Support Link Worker

Based in New Cross Hospital

01902 694227

British Cardiac Patient Association

2 Station Road

Swavesey

Cambridge

CB4 5QJ

Email: enquiries@bcpa.co.uk

Telephone: 0800 4792800 (free of charge) or 01954 202022
(telephone and fax number).

Website: www.bcpa.co.uk

British Heart Foundation

14 Fitzhardinge Street

London

W1H 6SH

Tel. 020 793 50185

Heart Information Line: 0845 070 8070

Website: www.bhf.org.uk

DVLA

Driving Medical Group

Swansea

SA99 1TU

Tel: 0300 790 6806 (09:15 - 16:30 hours Monday to Friday)

Website: www.dvla.gov.uk

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。