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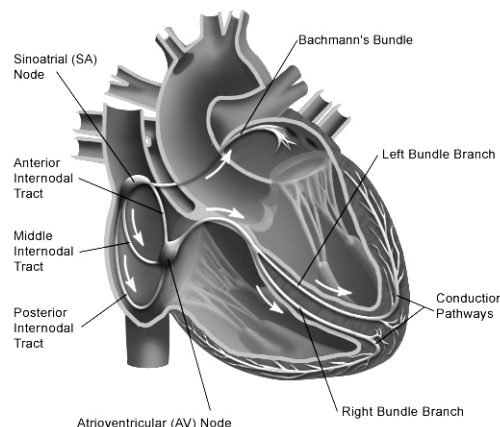
The heart's electrical conduction system

The heart is basically a pump made up of muscle tissue that is stimulated by electrical currents, which normally follow a specific circuit throughout the heart. This normal electrical circuit begins in the sinus or SA node, which is a small mass of specialized tissue located in the right atrium (upper chamber) of the heart. An ICD may be needed when the electrical stimulation randomly starts in the ventricles instead of in the SA node in the right atrium. A variety of common cardiac conditions such as heart attacks and heart failure can lead to this type of electrical malfunction in the heart.

What is an implantable cardioverter defibrillator (ICD)?

An implantable cardioverter defibrillator (ICD) is a small, electronic device that continuously monitors the electrical activity of the heart. It is about the size of a stopwatch and is usually inserted under the skin in the upper chest. It consists of a generator and wires, called leads. The generator contains the battery and a tiny computer. One or more lead wires connect the pulse generator to specific locations in the heart. Although an ICD is a small device, it has many life-saving functions. Four key functions are anti-tachycardia pacing, cardioversion (light shock), defibrillation (stronger shock), and backup pacing. Your physician will program your ICD to your specific needs.

Electrical System of the Heart



What is cardiac resynchronization therapy?

Biventricular pacemakers and internal cardioverter defibrillators are sometimes combined for people with severe heart failure and/or people that may be at risk for sudden cardiac arrest/

death. A biventricular pacemaker is the device that is implanted to provide this therapy, which synchronizes the pumping of the right and left lower chambers (ventricles) of the heart. The biventricular pacemaker may be programmed to provide any of the four therapies (anti-tachycardia pacing, cardioversion, defibrillation, and basic pacing) that your physician feels is needed to reduce the risk of sudden cardiac arrest.

Reasons for the Procedure

An ICD may be inserted in survivors of sudden cardiac arrest, syncope (fainting) due to ventricular arrhythmia, or some inherited heart conditions.

Some other reasons for implanting an ICD include, but are not limited to, the following:

- ventricular fibrillation - a life-threatening condition in which the ventricles contract in a rapid, chaotic rhythm and cannot pump blood to the body
- ventricular tachycardia - a serious condition in which the ventricles cause a fast heartbeat
- heart failure - the heart is unable to pump blood effectively to meet the body's metabolic needs.
- others at risk for sudden cardiac arrest due to family history or other known conditions

Risks of the Procedure

Possible risks of ICD insertion include, but are not limited to, the following:

- bleeding from the incision or catheter insertion site
- damage to the vessel at the catheter insertion site
- infection of the incision or catheter site
- pneumothorax - air becomes trapped in the pleural space causing the lung to collapse

Be sure to discuss any concerns with your physician prior to the procedure.

Before the Procedure

- Notify your physician if you are sensitive to or are allergic to any medications, iodine, latex, tape, or anesthetic agents (local and general).
- You will need to fast for a certain period of time prior to the procedure. Your physician will notify you how long to fast, usually overnight.
- Notify your physician of all medications (prescription and over-the-counter) and herbal or other supplements that you are taking.



Implantable Cardioverter Defibrillator (ICD) Insertion

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- Notify your physician if you have a history of bleeding disorders or if you are taking any anticoagulant (blood-thinning) medications, aspirin, or other medications that affect blood clotting. It may be necessary for you to stop some of these medications prior to the procedure.

After the Procedure

After the period of bed rest has been completed, you may get out of bed. The insertion site may be sore or painful, but pain medication may be administered if needed. Once your blood pressure, pulse, and breathing are stable and you are alert, you will be taken to your hospital room or discharged home. You should be able to return to your daily routine within a few days. Your physician will tell you if you will need to take more time in returning to your normal activities. In addition, you should not do any lifting or pulling on anything for a few weeks. You may be instructed to limit movement of the arm on the side that the ICD was placed.

Notify your physician to report any of the following:

- fever and/or chills
- increased pain, redness, swelling, or bleeding or other drainage from the insertion site
- chest pain/pressure, nausea and/or vomiting, profuse sweating, dizziness and/or fainting
- palpitations

Your physician may give you additional or alternate instructions after the procedure, depending on your particular situation.