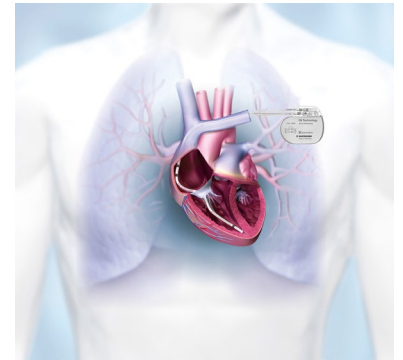


IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD)

Patient Leaflet

You and your doctor may decide that an implantable cardioverter defibrillator (ICD) is the right option for you to continuously monitor and help regulate potentially fast and life-threatening electrical problems with your heart.

- The device with an internal battery will be placed under your skin, just below your collarbone and one or more electrodes will be threaded through a vein and into your heart.
- The electrode(s) can detect how fast your heart is beating and carry that information to the device. They also carry electrical impulses from the device to your heart when needed.
- When the device detects a potentially life-threatening heart rhythm, it will first attempt to rapidly pace your heart back to normal. When rapid pacing is not successful, the defibrillator will send a large electrical impulse to your heart. This is called “defibrillation” and it is designed to save your life.



The evidence that helps us decide when an ICD is needed comes from many clinical trials performed in the last 30+ years¹. When indicated, an ICD reduces the overall risk of death by 23%¹. Following the best possible medication regimen, without an ICD, may be helpful; but, combining an ICD with the best possible regimen is 24% more effective at reducing the risk of death compared to taking medications alone¹.

Medicare outlines four “Primary Prevention” indications for an ICD¹. These indications are for patients who are at increased risk of sudden cardiac death but have not experienced sudden cardiac death or a life-threatening abnormal heart rhythm.

1. A prior heart attack resulting in the main pumping chamber not working at normal capacity, that is a left ventricular ejection fraction (LVEF) less than or equal to 30% (50 – 70% is normal).
2. Severe ischemic dilated cardiomyopathy, that is coronary artery disease that has resulted in the main pumping chamber being damaged resulting in moderate to severe symptoms of heart failure (Class 2 or 3) and a LVEF less than or equal to 35%.
3. Severe non-ischemic dilated cardiomyopathy, similar to #2 but the main pumping chamber is not damaged by coronary disease but because of a problem directly with the heart muscle. Also, Class 2 or 3 heart failure and a LVEF less than or equal to 35% after receiving optimal medical therapy for at least 3 months⁴.
4. Hereditary or genetic problems that put you at high risk for a life-threatening heart rhythm.

