



Having an insertable cardiac monitor removed

This leaflet outlines what to expect when you come into hospital to have your insertable cardiac monitor (ICM) removed.

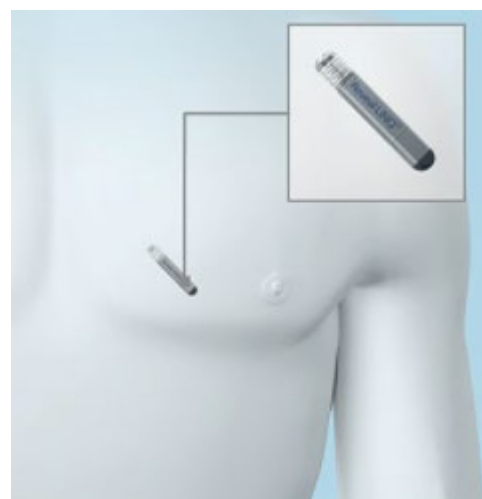
Why do I need my ICM removed?

Your ICM is about the size of a pen lid and is inserted under your skin, usually in the left upper chest area. It was implanted to monitor any abnormal heart rhythm and the position will depend on which type of ICM was used.

There are several reasons for removing it.

- Your symptoms may now have been identified as non-cardiac.
- The battery may have run out.
- You have cardiac symptoms and are being considered for further treatment.
- You decide you want it removed.

It is not essential to have your ICM removed. You need to decide about it with the help of the doctor and physiologist in clinic, who will go through the risks and benefits, or you can discuss it with the nurse at your admission appointment.



What will happen if I do not have it removed?

If you decide not to have your ICM removed, it will remain under your skin and there are no associated risks.

The manufacturer advises removal when your ICM is no longer needed, when the battery is depleted, or before burial or cremation. It is your choice, though having it removed is more invasive than having it inserted, so removal will be performed by a cardiac consultant or registrar in the cardiac catheterisation laboratory (cath lab).

Preparing for the procedure

On the day of the procedure, you will be admitted to our cardiac day ward, the 'Jim Shahi Unit' (JSU), located on level 1 in Battle Block. This is an emergency unit, so there may be unforeseen delays. Please bring in something to occupy you while you wait.

- You do not need to do anything special to prepare.
- You may have a light breakfast and drink as normal.
- Please continue to take your regular medications and bring a list of them with you.

- Tell the member of staff looking after you if you have any allergies.
- To minimise any risks of infection, you may need to remove any hair from the area where the ICM is implanted. You can do this at home, or it can be done for you before you are taken to the cath lab.

What are the risks and benefits?

Removing an ICM is safe and minimally invasive with low risks. Complications are generally rare but may include:

- Bleeding, bruising and pain around the implantation site (common).
- Development of an enlarged raised scar (keloid) that can be skin-coloured, pink or darker than the surrounding area.
- Small risk of infection at the device site. This can be treated with antibiotics.

What happens during an ICM removal?

The device will be removed by a cardiac doctor. The risks and benefits will be explained to you, and you can ask any questions. You will then be asked to sign a consent form.

The removal is straightforward and is done as a day case procedure in JSU. It takes under half an hour and does not require sedation or major surgery.

- You will be taken into the cath lab and asked to lie flat on a narrow table. You will be attached to a heart monitor (ECG), have a blood pressure cuff put on your arm and a probe attached to your finger.
- The ICM will be checked by the cardiac physiologist before removal.
- Your left upper chest area will be cleaned with an antiseptic solution and a sterile covering will be placed over it.
- Local anaesthetic will then be injected into the skin around where the ICM device is. This will sting initially but the skin will soon become numb.
- Once numb, a small incision is made just above where the ICM is located. The operator will then remove the ICM using sterile forceps.
- The small incision is closed with steri-strips (thin adhesive bandages) or dissolvable sutures and a dry dressing.

What happens after the ICM removal?

After the ICM has been inserted, you will remain in JSU, where your pulse and blood pressure will be monitored, and you can have a hot drink. You will need to recover for up to 30 minutes before going home. You will be able to drive yourself home and do not need anyone else to accompany you.

What about wound care?

You should keep the wound dry for seven days, and then wash as normal thereafter. The device site may be sore for a few days, but you can carry on with your normal daily activities. Painkillers such as paracetamol will help to ease the soreness.

You do not need to arrange a follow up with your GP, but if you notice any signs of redness, swelling, oozing, or bleeding from the wound site, or a high temperature, please get in touch with the Cardiac Rhythm Management (CRM) / devices team so that this can be dealt with as soon as possible. Out of hours, you can contact the Cardiac Care Unit (CCU). All contact details are below.

If you have any questions, please contact the CRM / devices clinic on 0118 322 6636 and ask to speak to the cardiac physiologist.

Useful contact information

CRM / devices clinic	0118 322 6636 (Mon-Fri, 8am-6pm)
Jim Shahi Unit (JSU):	0118 322 6502 (Mon-Fri, 8am-6)
Cardiac Care Unit (CCU):	0118 322 6684 (Mon-Sun, 6pm-8am)

This leaflet is printed privately for the Cardiac Fund. It was set up in 1976 for the purpose of providing cardiac services that would otherwise not be available through National Health resources. Our Cardiac Laboratory was equipped through the fund and many other areas in the Department have also benefited from equipment and staff training.

If you would like to contribute, please scan the QR code below to donate direct to the fund online, alternatively, cheques should be made payable to:

The Royal Berks Charity Cardiac Fund U226

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Please ask if you need this information in another language or format.

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