A Guide to Your Subcutaneous Implanted Cardioverter Defibrillator (SICD)

Please bring this book with you on the day of your procedure
Welcome

Electrophysiology (EP) focuses on the electrical system of the heart, which controls the rate and rhythm of your heartbeat. Your EP healthcare team is dedicated to providing you with personalized care to treat your symptoms of abnormal heart rhythm, also called arrhythmias (ah-RITH-me-ahs) or irregular heartbeats.

A SICD is a small device that is implanted below the armpit. It uses electrical pulses or shocks to help control life-threatening arrhythmias. An SICD can treat:

- A rapid heart beat. If your heart beats too quickly, the heart’s chambers and ventricles do not have enough time to fill with blood to pump to the rest of the body. You can pass out within seconds and die within minutes if it is not treated.

- Sudden cardiac arrest. This is a condition in which the heart suddenly stops beating. If the heart stops beating, blood stops flowing to the brain and other vital organs. This can cause death if not treated within minutes.

Contact information

Ross Heart Hospital
Cardiac Device Clinic
452 West 10th Avenue
Suite 1052
Columbus, OH 43210

Hours of operation:
Monday - Friday
8:00 am to 4:30 pm
Closed weekends and all major holidays

Phone numbers:
Main: 614-293-8916
Toll-free: 1-877-478-2478
Fax: 614-366-1315

Electrophysiology (EP) operating room at Richard M. Ross Heart Hospital
A SICD is a small device that is used to help treat arrhythmias. Its generator is implanted just below the armpit and its electrode lies just beneath the skin near the heart. It uses shocks to treat fast heart rhythms that originate from the lower chambers of the heart.

Understanding the heart’s electrical system

Your heart has an electrical system that causes the heart muscle to beat.

Electrical impulses travel from the upper chambers (atria) to the lower chambers (ventricles) of the healthy heart. This diagram shows how the impulse travels over the electrical system.

1. Normal heartbeats begin at the **SA node** that acts as the heart’s “pacemaker.” The SA node is also called the **sinus node**.
2. The electrical impulse spreads across the upper chambers -- the right and left atria.
3. The impulse travels through the **AV node** to the **Bundle of HIS**.
4. The Bundle of HIS divides into a **left and a right bundle branch**. The impulse spreads through these bundle branches into the **Purkinje** (púrkin’jē) **fibers** in the ventricles or the lower chambers of the heart.
**SICD overview**

**SICDs treat ventricular arrhythmias**

A problem with any part of the heart's electrical system can cause an arrhythmia. Some arrhythmias are more serious than others. SICDs use shocks to treat life-threatening arrhythmias that occur in the ventricles (the heart's lower chambers).

When ventricular arrhythmias occur, the heart can't pump blood well. You can pass out within seconds and die within minutes if not treated. To prevent death, the arrhythmia must be treated right away with an electric shock to the heart. This treatment is called defibrillation (de-fib-ri-LA-shun).

**How the SICD device works**

The SICD computer monitors your heart rhythm. If the device detects an irregular rhythm in your ventricles, it will give a high-energy shock for defibrillation. A high-energy shock lasts only a fraction of a second, but it can be painful.

The SICD has a generator and a defibrillation lead, which is outside the chest wall. The lead does not enter veins in the chest, nor does it attach to tissue in the heart muscle. The wire connects to a small metal box implanted below your armpit. The box contains a battery, pulse generator, and a small computer. When the computer detects irregular heartbeats, it triggers the SICD’s pulse generator to delivery a shock.

The SICD also can record the heart's electrical activity and heart rhythms. Your healthcare provider will use these recordings to adjust your SICD, so it works better for you.

**When are SICDs used?**

Your doctor may recommend an SICD if:

- You have had a ventricular arrhythmia before.
- Tests show signs of ventricle arrhythmia or heart damage that would make one likely.
- You have had a heart attack that has damaged your heart's electrical system.
- You have survived sudden cardiac arrest or you have a heart condition that puts you at high risk for sudden cardiac arrest.
- You have heart failure. Heart failure is a condition in which the heart can't pump enough blood to meet the body's needs.
What to expect during surgery

- Placing an SICD requires surgery, which takes about 2 hours.
- Before surgery, an intravenous (IV) line is placed into one of your veins. Medicine is given through the IV line to help you relax. The medicine also might make you sleepy.
- General anesthesia is used during your surgery, so you will not be awake or feel any pain.
- Your doctor numbs the area where he or she puts the SICD, so your pain will be less after surgery. Your doctor may also give you antibiotics to prevent infection.
- An incision is made under your armpit to place the SICD’s small metal box.
- The electrode, which is attached to the device, is tunneled across your rib cage to be placed above the heart.
- When the SICD is in place, your doctor will test it to make sure it works well, and then sew up the incision.

What to expect after surgery

- Some patients are discharged home the day of their surgery, but please come prepared to spend at least one night in the hospital. If you are discharged home the day of surgery, you will need to have an adult take you home for your safety.
- For a few days to weeks after surgery, you may have pain, swelling, or tenderness in the area where your SICD was placed. A prescription for a short course of pain medicine will be given to you at discharge. After your prescription is completed, acetaminophen (Tylenol) is the medicine recommended to control pain.
- You will need to avoid certain activities and heavy lifting for 1 week after surgery. Most people return to their normal activities within a few days of having the surgery.
- Read “Care after Placement of Your SICD” later in this book for more information on how to care for your device after surgery.

For more information about what to expect before and after SICD placement, watch videos from the Device Clinic at [http://go.osu.edu/deviceinfo](http://go.osu.edu/deviceinfo).
Preparing for Your SICD

Surgery date: ____________________________ Check in time: _______________

On the day of your surgery, please:

• **Report to the Ross Heart Hospital**, located at 452 West 10th Avenue, Columbus, Ohio 43210

• **Arrive at your check-in time**, so we can prepare you for your surgery. This time is often 2 hours before the start of your surgery.

• **Register in the main lobby.**

Valet parking is available, or you may park in the SafeAuto Hospitals Garage, which is attached to the hospital. The garage’s address is 1585 Westpark Street, Columbus, OH 43210. Please read pages 23 to 26 for more information about parking.

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**How to take your medicines before your surgery**

- If you take warfarin (Coumadin or Jantoven),  ________________________________

- If you take dabigatran (Pradaxa), apixaban (Eliquis) or rivaroxaban (Xarelto), ________

- If you have been instructed to hold any of these medicines, please take one 325 mg aspirin each day you hold the medicine.

- If you take clopidogrel (Plavix), ticagrelor (Brilinta) or prasugrel (Effient), ______________

- If you take medicines for diabetes, please follow the instructions in this book for how to change your diabetes medicines.

- Take all of your other medicines with a small amount of water the morning of your surgery.

- Please bring all of your medicines in their bottles to the hospital with you.
Getting your skin ready for surgery

- **For one week before your surgery, do not shave near the site where you will have your surgery.** Shaving with a razor can irritate your skin and make it easier to develop an infection. If needed, the hair on the site where you will have surgery will be trimmed with electric clippers before you go into the operating room.

- **You need to take two showers using a special soap called CHG (4% chlorhexidine gluconate).** It is sold in most pharmacies under the brand name of Hibiclens. Wash from your **neck to your waist** with this soap the night before your surgery and then again the morning of your surgery. Use 4 ounces (1/2 cup) of CHG soap each time you shower.

**Follow these steps for using CHG soap:**

1. Wash your hair as usual with your regular shampoo and then wash your body with regular soap.
   
   Rinse well.

2. Wet a clean washcloth. **Turn off the shower.**

3. Apply some CHG soap to the wet washcloth.

4. Use the washcloth to wash your whole body from the neck down. Keep adding more CHG and continue to wash for 5 minutes.

5. **Turn on the shower water and rinse your whole body well.**

6. Pat yourself dry with a **clean** towel.

7. **Put on clean clothes.**

8. **Note:** On the **morning of surgery** when you finish showering, do **NOT** put on hair or skin care products, deodorant or make-up. **Do NOT** wear jewelry to the hospital or surgery center.
If you are not able to shower

If you do not have a shower or you are not able to get into a shower, do a sponge bath each time that you clean your body.

1. First, bathe with a clean washcloth, water, and regular soap. Rinse well with clean water.
2. Then, get another clean washcloth and wet it with clean water.
3. Apply some CHG soap to the wet washcloth.
4. Use the washcloth to wash from your neck to your waist. Keep adding more CHG and continue to wash for 5 minutes.
5. Rinse well with another clean washcloth and clean water.
6. Pat yourself dry with a clean towel.
7. Put on clean clothes.

Other instructions

• If you are pregnant, think you may be pregnant, or if you are breastfeeding, please tell your healthcare provider right away.
• Do not smoke or use tobacco products for 24 hours before your surgery.
• Do not eat or drink anything after midnight on the evening before your surgery. You may take your scheduled medicines with small sips of water the morning of your surgery.
• If you use a sleep apnea machine, please bring the device with you. It will likely be used during your surgery and during your stay in the hospital.
• Some patients are discharged home the day of their surgery, but please come prepared to spend at least one night in the hospital. If you are discharged home the day of surgery, you will need to have an adult take you home for your safety.

If you need to change your surgery date, please call Scheduling at 1-888-293-7677.
If you have any questions, please call the nurse at _________________________.
Type 1 Diabetes: Medicines before Surgery

If you are not sure how to adjust your diabetes medicines, talk to your doctor or nurse before your surgery date. Follow your doctor’s instructions if they are different than the guidelines in this handout.

**Diabetes medicines may need to be stopped or changed before your surgery.** This is important for your health. There is less of a chance for infection or other problems if your blood sugar is in the normal range before your surgery.

- **Check your blood sugar the morning of your surgery.** If it is above 250 or less than 70, call your doctor for more instructions. High or low blood sugars may result in a delay or cancellation of your surgery that day.
- **Tell your nurse that you have diabetes** when you arrive at the pre-operative holding area.

**Your insulin**

These are general guidelines for how to take insulin before surgery. Check with your doctor to see how much insulin you need and if you need to follow different guidelines.

- **If you take Lispro, Humalog, Aspart, Novolog, Glulisine, Apidra, or Regular insulin, do not take the dose the morning of your surgery.**
  - You can start your usual dose after your surgery when you are able to eat and drink.
  - Plan to check your blood sugar at least 4 times each day for the next 1 to 2 days after your surgery.

- **If you take Detemir, Levemir, Glargine, or Lantus insulin, reduce your dose either the evening before or the morning of your surgery to 80%.**

  If you multiply your usual dose by 0.8, that gives you the reduced dose. For example, if your usual dose is 32 units, $32 \times 0.8 = 25.6$. Your reduced dose would be about 26 units. A reduced dose chart is on the next page for your reference.

  - **If you are not sure, ask your doctor how much insulin you should take.** Take _______ units of ____________________ on the night before or the morning of your surgery.
  - If you are able to eat and drink after your surgery, take your usual evening dose.
  - Plan to check your blood sugar at least 4 times each day for 1 to 2 days after your surgery.
If you wear an insulin pump

- **And your surgery is less than 3 hours**, you and your doctor may decide to keep the pump on.
  - Place the catheter in a location away from the area where the surgery will occur.
  - Reduce the basal rates down by multiplying the set basal rates by 0.8, starting with the 12:00 midnight basal rate through the surgery and recovery.
  - Consider using a temporary basal profile based on 0.8 of your usual basal. Discuss this with your doctor.
  - Return to your usual basal rates after surgery when you are able to eat and drink.
  - Plan to check your blood sugars more often for the next 1 to 2 days after your surgery.

- **And your surgery is longer than 3 hours or your doctor takes you off the insulin pump**, take __________ units of ________________________ on the morning of your surgery.

### 80% of usual insulin dosing chart

Use this chart to know how much insulin you need to take before surgery at 80% of your usual dose.

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<th>Nearest to your usual dose</th>
<th>80% reduced dose</th>
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Type 2 Diabetes: Medicines before Surgery

If you are not sure how to adjust your diabetes medicines, talk to your doctor or nurse before your surgery date. Follow your doctor’s instructions if they are different than the guidelines in this handout.

Diabetes medicines may need to be stopped or changed before your surgery. This is important for your health. There is less of a chance for infection or other problems if your blood sugar is in the normal range before surgery.

- **Check your blood sugar the morning of your surgery.** If it is above 250 or less than 70, call your doctor for more instructions. High or low blood sugars may result in a delay or cancellation of your surgery that day.
- **Tell your nurse that you have diabetes** when you arrive at the pre-operative holding area.

Your oral diabetes medicines

These are general guidelines for taking diabetes medicines before and after surgery. Check with your doctor to see if you need to follow different guidelines.

- **If you take Glucophage, also called metformin, or any other medicine that has metformin in it, such as Metaglip, Glucovance, Avandamet, or ACTO plus Met:**
  - Stop the medicine the day before your surgery. You should take your last dose on ______________ (date).
  - Do not take this medicine for 2 days after your surgery. Restart this medicine on the third day after your surgery.

- **If you take other diabetes pills:**
  - Do not take your diabetes pills in the morning before your surgery.
  - If your surgery is done before noon and you are able to eat and drink, take your morning diabetes medicine after your surgery.
  - If your surgery is done after noon and you are able to eat and drink, take your diabetes medicine at the next scheduled time. You will skip your morning dose.

- **Check your blood sugar at least 4 times each day for the next 1 to 2 days after your surgery.**

If you take insulin

These are general guidelines for how to take insulin before surgery. Check with your doctor to see how much insulin you need and if you need to follow different guidelines.

- **If you take Lispro, Humalog, Aspart, Novolog, Glulisine, Apidra, or Regular insulin:**
  - Do not take the dose the morning of your surgery.
  - You can start your usual dose after your surgery when you are able to eat and drink.
  - Plan to check your blood sugar at least 4 times each day for the next 1 to 2 days after your surgery.
If you take Detemir, Levemir, Glargine, or Lantus insulin:

- Cut your dose in half the evening before or the morning of your surgery. For example, if your usual dose is 32 units, 32/2 = 16. Your reduced dose would be 16 units.
- If you are not sure, ask your doctor how much insulin you should take.
- Take ____ units of _________ on the night before or the morning of your surgery.
- If you are able to eat and drink after your surgery, take your usual evening dose.
- Plan to check your blood sugars at least 4 times each day for 1 to 2 days after your surgery.

If you take NPH, 70/30, 75/25, or 50/50 insulin:

- Reduce your evening dose the day before your surgery to 80%. Use the chart on the next page to find your reduced dose.
- Also, reduce your morning dose by ½ or 50% of your usual dose the day of your surgery. For example, if your usual morning dose is 30 units, you would take only 15 units. Take _______ units of ___________ the morning of your surgery.
- If you are able to eat and drink after your surgery, resume your usual evening dose.
- Plan to check your blood sugars at least 4 times each day for 1 to 2 days after your surgery.

80% of usual insulin dosing chart

Use this chart to know how much insulin you need to take before surgery at 80% of your usual dose.

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Answers to Frequently Asked Questions

**Q. How long will my SICD last?**
A. Most SICDs last about 5 years.

**Q. Are there any household appliances that I should avoid?**
A. There are no household appliances that will negatively impact your SICD.

**Q. What tools and appliances should I avoid?**
A. You may operate any normal appliance and most power tools. There are some tools that generate intense electrical fields, such as electric arc welders, automobile ignition systems, and some “spark motor” electric tools. These could cause your SICD to act erratically, resulting in an inappropriate shock. We recommend that patients do not use arc welders. Caution should be used when using any high power electrical tools. If you are using electrical equipment and become light-headed or feel skipped or irregular heartbeats, turn off the equipment or walk away from it.

**Q. What about medical procedures and tests?**
A. Tell all of your healthcare providers, dentists, and medical technicians that you have an SICD.

Call the Device Clinic at 614-293-8916 or 877-478-2478 if you are scheduled for surgery. We may need to make special arrangements for you before and after surgery. Please call us as soon as your procedure is scheduled.

You will not be able to have a MRI scan. The MRI scan can damage or reset your SICD to a mode that is not safe. Your SICD is not MRI compatible.

**Q. Can I continue to work at my job?**
A. If your job does not involve exposure to intense magnetic, electrical, or radar fields, there is often no problem with going back to work. Talk to your healthcare provider about your limitations based on your type of work and your heart problem.
Q. **Can I go through metal detectors like at the airport or government buildings?**
A. Most devices will not cause any problems. If the alarm does go off, tell the security personnel that you have an SICD. They will perform a hand held scanner search. The security check should not interfere with the operation of your SICD. Keep your SICD ID card with you for situations like this.

Q. **Can I continue to drive a car?**
A. Most patients who are licensed and capable of operating a motor vehicle may continue to drive a car. There are some people who may be at higher risk and will be advised against driving. Discuss any driving restrictions with your healthcare provider. Remember, if you are told not to drive, the danger is not only to you, but to other drivers and pedestrians as well.

Q. **My job involves driving commercial motor vehicles. Can I drive?**
A. Commercial driving is prohibited after SICD placement. Discuss driving restrictions with your healthcare provider.

Q. **What about sexual activity?**
A. Your SICD will not be affected by, nor will it affect, sexual activity.

Q. **Can I exercise and resume my regular activities?**
A. After placement of your SICD, follow the restrictions listed in your post-op instructions. After that time, you should be able to exercise and return to your regular activities as long as you do not exceed your fitness level. Talk to your healthcare provider about specific activities.

Q. **Will items containing magnets affect my device?**
A. We recommend keeping items containing magnets at least 6 inches away from your SICD. This includes cell phones, MP3 players, magnetic therapy products, stereo speakers, and handheld massagers.

**General tips:**
- Do not put your cell phone or MP3 player in your shirt pocket.
- Do not use magnetic mattress pads and pillows.
- You may want to hold your cell phone up to the ear that is opposite the site where your SICD is placed.
- If you strap your MP3 player to your arm while listening to it, put it on the arm that’s farther from your SICD.
Care after Placement of Your SICD

Follow these and other instructions given to you by your healthcare team for your care at home after placement of your SICD.

Call the Device Clinic at 614-293-8916 or 877-478-2478 if you have questions about these instructions.

Your incision care

- The SICD may bulge slightly under the skin. This is normal and common right after surgery. This will lessen over the next few weeks.
- You may have bruising around the incision, especially if you take blood thinner medicines, called anticoagulants, such as aspirin or warfarin.
- Itching is a normal part of the healing process. Try not to rub or scratch the incision site.
- Keep your incision clean and dry.
- Wash your hands well with warm water and soap for at least 15 seconds before or after touching your dressing or incision.
- Check your site each day and call the Device Clinic if you have:
  - Increased drainage or bleeding at the site
  - An incision that opens
  - Redness, swelling, or warmth at the site
  - A pimple that develops at the incision
  - A thread (suture) along the incision
  - A fever greater than 101 degrees F or 38.3 degrees C
- For the first 48 hours after surgery:
  - Leave the dressing on for 48 hours after surgery.
  - You may take a sponge bath. Do not shower or bathe until 5 days after your procedure.
  - Wash your hands with soap and water for 15 seconds if you need to touch the dressing.
  - Remove the outer dressing of tape and gauze after 48 hours, on ___________________.
    - Wash your hands well before and after removing the dressing.
    - Do not remove the narrow pieces of tape, called steri-strips, that go across the incision. They support the outer layer of skin while it is healing.
• After 5 days, on _____________________, you can shower or take a bath.
  › Shower or take a bath, letting the water gently run over the incision. Do not let the
    shower water directly hit the incision, and do not soak the incision under water in a bath.
  › Do not rub or scrub the incision site while the steri-strips are in place.
  › Gently pat the incision site dry with a clean towel. You do not need to put another dressing
    on the site.
  › Avoid soaking the incision site under water in a bath tub, hot tub, or swimming pool until
    the site is healed, often about 14 days after surgery.

• Leave the steri-strips in place. The steri-strips may start to loosen and come off on their own
  after 5 to 7 days.
• Wash your hands well with soap and water for 15 seconds and then remove any steri-strips
  from the incision site that still remain:
  › After 10 days, on _____________________.
  › After 14 days, if you take prednisone, steroids, or an immunosuppressant.

Driving restrictions:
• Do not drive for 48 hours after surgery.
• If fainting was a symptom that caused you to need an SICD, do not drive for one week after
  your SICD is placed. If you have questions about this restriction, please call your healthcare
  provider’s office.

Restarting your medicines:
• If you take a daily aspirin, restart it the day after surgery.
• If you take Coumadin, restart it the night of your surgery unless directed otherwise by your
  healthcare provider.
• If you take Plavix, restart it the day after surgery.
• If you take Pradaxa, Xarelto, or Eliquis, restart it in the evening the day after surgery.
• If you take other anticoagulants or medicines, follow the instructions given to you for when
  to restart each medicine.

Pain relief:
• A prescription for a short course of pain medicine will be given to you at discharge. After your
  prescription is completed, acetaminophen (brand name Tylenol Regular or Extra Strength)
  is the medicine recommended to relieve tenderness at the incision site. Follow package
  instructions for dosage. You may have some discomfort for up to 6 months after surgery.
• Do not take ibuprofen (brand names Advil and Motrin) and naproxen (brand name Aleve)
  unless approved for use by your healthcare provider.
Call the Device Clinic if you have:

- A shock from the SICD. If you have more than one shock in 24 hours, call 911
- Dizziness, light-headedness, or you pass out
- A very fast heartbeat or a heartbeat greater than 125 beats per minute for longer than 5 minutes at rest
- Other signs that concern you

If you have any of these signs and need medical help right away, call 911.

Tests and surgeries

- If you are scheduled for a surgery, call the Device Clinic at 614-293-8916 or 877-478-2478. We may need to make special arrangements for you before and after surgery. Please call us as soon as your procedure is scheduled.
- You will not be able to have a MRI scan. The MRI scan can damage or reset your SICD to a mode that is not safe. Your SICD is not MRI compatible.

What to do if you get a shock from your SICD

- If you get a shock from your SICD, do not drive for your safety and the safety of others until your device has been checked, or you have been cleared by your healthcare provider.
- If you are not sure about what to do after a shock from your SICD, call 911.
- If you get a shock from your SICD and feel that your heart rhythm is back to normal, you do not feel short of breath or light-headed, and have no chest discomfort, you do not need to call 911. Sit down and call the Device Clinic that day or the next business day.
- If you get more than one shock from your SICD in a day or you feel short of breath or light-headed or have chest discomfort, call 911 right away.
- If you pass out, have someone call 911 and start CPR. CPR should continue until the rescue squad arrives. If the SICD fires while someone is giving you CPR, they may feel a slight shock. This is not harmful to them.
Checking Your SICD

After placement, your SICD will need to be checked to ensure it is working well. This check is also known as device interrogation and can be done by in-office checks and by remote checks with home equipment.

First office visit

Your first office visit will be 6 to 8 weeks from your SICD implant date. Always bring a list of your medicines to your in-office device check. The Device Clinic nurse will use a special device, called a programmer, to check your SICD. It will check:

- The condition of the battery
- The wires in your heart
- Stored information about your heart rhythm

The nurse will also check to see if your SICD is programmed for your specific needs based on tests that will be done.

The information from your SICD is VERY important and MUST be checked at regular intervals. Every patient with an SICD needs this type of office visit. If your device is not checked, your SICD could be at risk for not working well for your needs.

The exam will take about 15 minutes.

Remote (at home) device checks

Your next device check will be done using the home equipment that is given to you at discharge or mailed to your home. Each manufacturer has special equipment. You will be shown how to use the equipment after your SICD is implanted. Most patients keep this equipment plugged in by their beds.

Remote checks are a convenient and safe way to check your SICD. It takes less than 5 minutes, and it is recommended for all patients. Remote checks improve survival rates. It reduces the number of in-office visits and allows for earlier detection of dangerous heart rhythms and other problems. It also reduces the number of emergency department or urgent care visits.

Remember that remote checks are **not a 24-hour emergency service**. If you have symptoms that you think are related to your device, please call the Device Clinic during business hours at 614-293-8916 or 877-478-2478. We will instruct you on whether to use home equipment or come in to the clinic for a check. Remote checks are **NOT a substitute for you going to your closest emergency department or calling 911 if you are not feeling well**.

Remote checks from your device are reviewed by registered nurses (RNs) from our Device Clinic, and then passed on to one of our electrophysiology (EP) doctors for review. Our staff will ONLY attempt to contact you if there are any questions or issues from your check. Due to our large volume of patients, we are not able to contact every patient with normal results. However, please contact our Device Clinic if you would like the results from a specific check reviewed over the phone with you.
Remote check guidelines
Your home equipment sends data from your device using a standard phone line or cellular connection to a secured server that is accessed only by our Device Clinic staff. All data will be reviewed by an RN and an electrophysiology (EP) provider.

Please read and follow these guidelines for using your home equipment.

Contact Information
It is your responsibility to make sure that we have your most current mailing address and phone numbers in order for us to be able to reach you to discuss the findings of your remote checks. Please contact us if you change home telephone carriers as this may impact your remote check abilities.

Scheduling Your Checks
Currently, you have four device checks per year with Ohio State. This means that three checks will be done from home and one check will be done in the office. This schedule may be adjusted based on your care needs.

All device checks will be prescheduled appointments. You will be contacted with a scheduled day or week for your remote checks and your office appointments by an automated phone reminder. You will be contacted with an appointment even if your device is automatically transmitted. You are responsible for either sending or being available for the remote check to gather data on that date. Failure to keep your remote check appointments will result in removal from the remote service, and you will be asked to have all of your SICD care done in the office.

Questions or problems with your remote check can be directed to the Device Clinic at 614-293-8916 or 1-877-478-2478, extension 4, Monday through Friday, 8:00 am to 4:30 pm. If we cannot resolve your issue, you will be asked to contact your device manufacturer for help.

REMINDER: Please don’t do a remote check unless you are scheduled or have talked to the Device Clinic and have been instructed to send a remote check. Unauthorized transmissions may result in a delay of treatment or unviewed data.

Traveling
If you are going out of town, you can take your home equipment with you and send your device data at your scheduled time. You can use your equipment within the continental United States, Alaska, Hawaii, and other areas in the world, such as Canada, Mexico, and Europe.

Shock / Emergencies
Seek medical help right away or call 911 if you are not feeling well. If you are feeling symptoms that you think are related to your SICD, please call the Device Clinic during business hours, and we will instruct you on whether to do a remote check or come in to the clinic for a check. Please be aware that we are not a 24-hour emergency service.
Clinical Review of Data
Your device data will be sent to a secure server where our clinic staff can view it using a password protected website on the Internet. The data will be reviewed promptly by an RN and an EP healthcare provider. Unscheduled checks will be reviewed within 7 to 10 days.

Insurance and Co-pays
The device data we review from your remote check is charged like an in-office appointment. Therefore, your insurance company will be billed for review of your data. You will be responsible for any amount not paid by your insurance provider. **If you have sent an unscheduled check, and your insurance carrier denies the claim, you will be responsible for the bill.**

Questions
If you have any questions about your home equipment, these guidelines, or heart health issues, please call the Device Clinic during business hours at 614-293-8916 or 1-877-478-2478. **We are not a 24-hour emergency service.**

Patient acknowledgement and agreement
I have read and I understand the remote check guidelines. I had an opportunity to ask questions about anything that I did not understand. Satisfactory answers were provided to my questions. I agree to follow the guidelines.

__________________________________________  ______________________
Print patient / legal representative name  Date

__________________________________________
Patient / legal representative signature
Driving Directions

Ross Heart Hospital

From the North (Sandusky, Delaware and Cleveland)
Take any major highway to Interstate 270
Take Interstate 270 to State Route 315 S
Take State Route 315 S to the King/Kinnear exit
Turn left onto Kinnear Road (Kinnear turns into Olentangy River Road)
Take Olentangy River Road to King Avenue
Turn left onto King Avenue
Turn left onto Cannon Drive
Turn right onto Medical Center Drive
See “Parking Directions - Continued”

From the South (Circleville, Chillicothe and Cincinnati)
Take any major highway to Interstate 71 N
Take Interstate 71 N to State Route 315 N
Take State Route 315 N to the Medical Center Dr/ King Ave exit
Continue straight onto Medical Center Drive
See “Parking Directions - Continued”

From the East (Newark, Zanesville and Pittsburgh)
Take any major highway to Interstate 70 W
Take Interstate 70 W to State Route 315 N
Take State Route 315 N to the Medical Center Dr/ King Ave exit
Continue straight onto Medical Center Drive
See “Parking Directions - Continued”

From the West (Springfield, Dayton and Indianapolis)
Take any major highway to Interstate 70 E
Take Interstate 70 E to State Route 315 N
Take State Route 315 N to the Medical Center Dr/ King Ave exit
Continue straight onto Medical Center Drive
See “Parking Directions - Continued”

For directions assistance call
614-293-8000
wexnermedical.osu.edu

There are construction projects occurring at and around Ohio State’s Wexner Medical Center. Please go to wexnermedical.osu.edu for traffic updates.

The Ohio State University Wexner Medical Center is committed to improving people’s lives. That’s why all medical center locations inside and outside are tobacco-free. This includes all tobacco products, including cigarettes, cigars, chewing tobacco and pipe tobacco.

June 2019
Parking Directions
Ross Heart Hospital

Patient Valet
Continued: Take Medical Center Drive past the intersection of Medical Center and 9th Avenue. Continue straight to the front of University Hospital (Rhodes Hall) or Ross Heart Hospital. Pull into Patient Valet on your right.

SAFEAUTO Garage
1585 Westpark St. | Columbus, OH 43210
Continued: From Medical Center Drive, turn left onto Westpark Street. The SAFEAUTO Garage is located on the left and is connected to the medical center by a walkway bridge on the second floor.