The Patient Following Pacemaker or Implantable Cardioverter Defibrillator (ICD) Insertion

Thank you for choosing the Medical College of Georgia Hospital and Clinics for your health care needs. This information is to help answer some of your questions and to give you instructions to follow. If you have any other questions, please ask your doctor or nurse.

General information:

1. Your pacemaker/ICD should keep a pulse rate of at least _____________ beats per minute.

2. Carry your pacemaker/ICD card with you at all times.

Wound care:

3. **Do NOT get the incision wet for the next 10 days.** You may take a sponge bath until your doctor tells you it is ok for you to tub bathe or shower. Please DO NOT take a shower until that time.

4. You may have steri-strips over your incision. If they have not fallen off on their own, we will remove them at your wound check visit.

5. Call your doctor _________________________ at ________________________ if:
   - the incision is red or draining
   - the incision is hot or tender to touch
   - you have a fever

Activities:

6. Do not lift weights or do strenuous arm exercises for at least 4 weeks, or until approved by your doctor. This includes activities such as lifting more than 5 pounds, beating rugs, fishing, or playing tennis. Be sure you are using both hands for daily activities.

7. Begin arm circle exercises with the arm nearest the pacemaker/ICD on _____________.

8. You can return to your normal activities on ________________________________.

9. You can plan to return to work on ________________________________.

Discomfort:

10. The discomfort in your incision area will slowly go away over the next few weeks.
Clothing:

11. You may want to wear loose fitting clothing over the incision. Women may find that placing a pad over their incision makes the bra strap more comfortable. Men may find that placing a pad over their incision makes suspenders more comfortable.

Follow-up:

12. Return to the Cardiology Clinic of the hospital or to your local doctor for a wound check on _____________ at ______________ AM / PM.

13. Return to the Cardiology Clinic on _______________ at ______________ AM / PM for a pacemaker/ICD check. After this one month post-operative check, you will need to have regularly scheduled appointments in the clinic every 6 months for pacemaker patients and every 3 months for ICD patients.

Pacemaker Patients Only:

14. In addition to clinic visits, you may have your pacemaker checked over the telephone. We will discuss this at your first clinic visit.

ICD Patients Only:

15. You may receive a shock from the device if your heart is beating too fast.

16. If you receive a shock from your device, and you feel well after your ICD fires, call your doctor at___________________ at your earliest convenience. If you do not feel well, call for an ambulance and go to the nearest emergency facility.

If you have any questions about your pacemaker or ICD, contact:
_____________________________________ at ______________________________