

(EP) Discharge Instructions
ICM / LOOP RECORDER / LINQ

FOLLOW- UP APPOINTMENTS:

One week after your **INSERTABLE CARDIAC MONITOR (ICM)**, also called a **Loop Recorder** or **LINQ** is implanted, you **must** be seen at The Huntington Heart Center; located at 172 East Main Street, Huntington, NY 11743.

Your appointment is scheduled for: _____.

Further follow-up appointments will be necessary in the future.

ACTIVITY RESTRICTIONS:

1. You may resume activity the day of the surgery.
2. Showering is not permitted until 72 hours after procedure.

INCISION CARE:

1. There will be surgical glue over the insertion site. **DO NOT** peel it off and refrain from touching it at all.
2. Notify the doctor who implanted your ICM if you develop signs of infection. These include: a fever over 100° F, redness, swelling or tenderness at the site, and/or drainage from the incision site.

MEDICATIONS:

Before you are discharged, your doctor will tell you what medications to take. Do not discontinue any medication without the advice of your doctor. If you have any questions, please ask your doctor or nurse.

SAFETY PRECAUTIONS:

1. Always carry your ICM card with you. Refer to your manufacturer's booklet for specific instructions regarding use.
2. Always tells medical personnel that you have an ICM because certain procedures may interfere with your ICM.
3. You may safely pass through metal detectors in airports, but your ICM may trigger alarms. Show your ICM identification card to airport security personnel before passing through the detector.
4. Microwaves and computers will not interfere with your ICM.

WHAT TO DO IF YOU HAVE AN EVENT:

If your heart beats too fast or you feel faint or dizzy, sit down or lie down immediately. You want to avoid further injury as you may fall into something. Follow instruction for ICM use.

MY SIGNATURE INDICATES:

I have received and understand the oral instructions regarding my ICM.

I will arrange follow-up visits as instructed above.

I acknowledge receipt of written instructions as outlined above.

I will read and review these instructions.

Patient or Legal Guardian Signature: _____ **Date:** _____

Staff (Witness) Signature: _____