

HEART GROUP OF SYRACUSE

DISCHARGE INSTRUCTIONS CARDIAC ELECTRICAL DEVICE AND LEAD SYSTEM IMPLANTATION

TO HAVE AT DISCHARGE

1. **Device information booklet.** Read it carefully, more than once.
2. **ID card** (from the maker of your device). Always carry your ID card in your wallet.
3. If you do not have a thermometer at home, please get one right after discharge.

WOUND CARE

• Check the incision line daily • Keep it clean and dry • Watch for increasing swelling, redness, and local warmth • **Do not apply any oils, lotions, powder, or ointments on, or close to, your incision.** • Do not squeeze, rub or scratch the wound. • Do not wear shoulder bags, backpacks etc. with handles or straps that may rub on/against the wound • If you wear a bra, try not wearing the strap on side of surgery until follow up • If you wear a bra, consider wearing a bra strap pad.

YOUR WOUND WAS CLOSED WITH

- Surgical glue:** you do not need to dress the wound and you may shower right after discharge (**if there is no oozing**). If the wound is **oozing**, change/apply dressing at least daily (until the wound has been dry for a day). Use only gauze and paper tape, without sealing the wound from air. You may take sponge baths in the beginning. When the wound has been dry (i.e., without oozing) for a day, you may take showers.
- Staples:** replace the dressing daily after discharge (until the wound has been dry for 1 day). Use only 4x4 and paper tape, without sealing the wound from air. You may take sponge baths in the beginning. When wound has been dry for a day, you may take showers.

WOUND HEALING:

Scant, odorless, clear, pink, or light red discharge from wound may occur, and is normal. For any kind of discharge from the wound, please continue dressing the wound daily or as frequently as needed to not allow the gauze to get soaked. Bruising, some swelling around the wound, transient skin discoloration, mild-moderate pain or tenderness are normal. Over the counter painkillers, will help, as needed. An ice pack may be applied (but not on the incision) a few times during the first 24 hours, for 20 minutes or less at a time.

ACTIVITY

Do not wear the sling while awake for more than two days as this may cause shoulder stiffness. Keep active, walk daily, and do not limit motion of your arm or hand on the surgical side more than indicated below. Sexual activity may be resumed if you feel well and rested, avoiding positions that strain your incision site. You can resume your normal activity (unless instructed otherwise). Most patients take up to 7 days off work after implant of a cardiac device.

CALL The Heart Group of Syracuse, 315.277.2707, IF YOU EXPERIENCE:

• Fever (use a thermometer right away when feeling warm) • Pain not controlled by methods above • Swelling getting worse one or more days after discharge • Frank bleeding or cloudy discharge from wound • Oozing requiring frequent dressing changes • Separation of your incision • Palpitations, dizziness, lightheadedness • Any other implant related questions or concerns.

Do not hesitate to call an ambulance (or to go to an emergency room if safe to do so) whenever you feel you need to. You may use the following safely: Microwave ovens; small electrical tools; household appliances; garage door openers; computers; electric blankets and heating pads; electric shavers and hairdryers. Cell phones/wall phones/portable phones may be used at the ear opposite to your pacemaker/ICD side.

Limitations for 1 week after device implant:

- When sitting/standing up, do not pull or push with the hand or elbow on the device side.
- Do not raise your elbow above shoulder level on the device side.
- Do not sleep on your arm on the device side (may use sling, at time of sleep, to avoid that).
- No heavy lifting (no more than 10 pounds)
- No rough activities (all terrain vehicles, hunting etc), or sports (rock climbing, skiing, snow or kite boarding, bowling, golf, swimming, tennis, curling, badminton, racquetball, etc.)
- No driving.
- Do not immerse in tub or bathe for at least four days after wound completely dry.

Limitations for 6 weeks after device implant:

- When using handrails (to climb stairs, sit up or stand up), do not pull or push with the hand or elbow on the device side.
- Do not raise your elbow above shoulder level on the device side.
- Do not sleep on your arm on the device side (may use sling during sleep, to avoid that).
- No large movements of your arm on the device side.
- No heavy lifting (no more than 15 pounds).
- No rough contact with the implanted device.
- No rough activities or sports such as ones in paragraph above.

Permanent limitations/avoidances (see device booklet for complete list): strong electromagnetic fields such as those from: airport security devices, arc welding, broadcasting towers, chain saws, MRI, leaning over the hood of a running car. Do not wear a cellular/satellite phone in your shirt pocket.

**INSTRUCTIONS REGARDING SHOCKS
(NOT APPLICABLE IF YOUR DEVICE IS A PACEMAKER ONLY):**

1. Call your nurse, device clinic co-coordinator, or physician if your device fires (delivers a shock). This may not need urgent treatment.
2. If your device fires two or more times in a day, Heart Group of Syracuse , 315.277.2707 right away.
3. Do not hesitate to call an ambulance (or to go to an emergency room if safe to do so) whenever you feel you need to.

Additional instructions:

- Family members should know cardiopulmonary resuscitation (CPR). Contact American Heart Association for details (800.242.8721).
- Carry an updated list of your medications with you at all times.
- Follow up appointment date: Cardiac EP Consultants will contact you at phone number provided. If you do not already have a follow up appointment, please call 315.277.2707
- Coumadin (Warfarin) or Pradaxa (dabigatran) orders:

a. ___ Not applicable

b. ___ Your Coumadin is managed by _____

c. ___ Your Pradaxa is managed by _____

You should begin it on: ___ AM ___ PM,

at ___ mg, then take it ___ daily ___ twice daily.

c. ___ Check your INR on _____ and weekly after that in the first month.

Patient Signature _____ Date: _____

Nurse Signature _____ Date: _____

MD Signature _____ Date: _____