

# Having an implantable loop recorder (ILR) to record heart rhythms

## Cardiac Rhythm Management

Information for Patients

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### Introduction

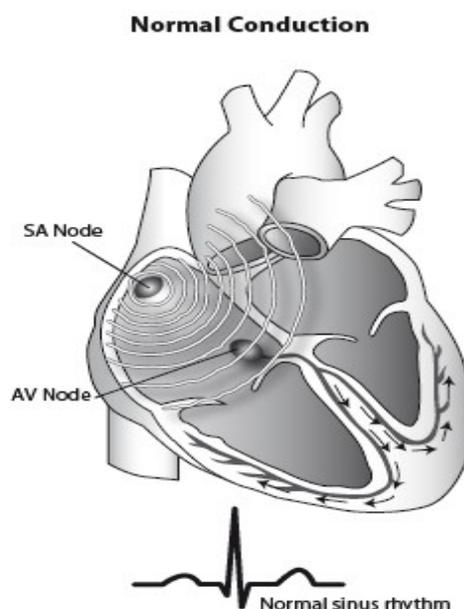
This booklet has been designed to help you understand why you need an implantable loop recorder (ILR), what will happen when you come in to have it implanted and provide advice for aftercare when you go home.

### How does the heart work normally?

The heart is a pump that is responsible for circulating the blood around your body and to your brain. It pumps normally in a regular pattern between 60 to 100 times a minute. The pump is driven by an electrical circuit starting from your hearts natural pacemaker called the 'sinus node' (SA node) which sits in the upper right chamber of the heart called the right atrium.

The signals generated spread through the atria causing the muscle to contract and squeeze the blood into the bottom of the heart. They are then received by the atrioventricular node (AV node) which is like a junction box in the middle of the heart.

They are then slowed down as it passes down to the ventricles (bottom chambers of the heart) via some 'conduction pathways' called bundle branches. This causes the ventricles to contract and squeeze the blood out around the body and brain from the left side, or to the lungs from the right side.



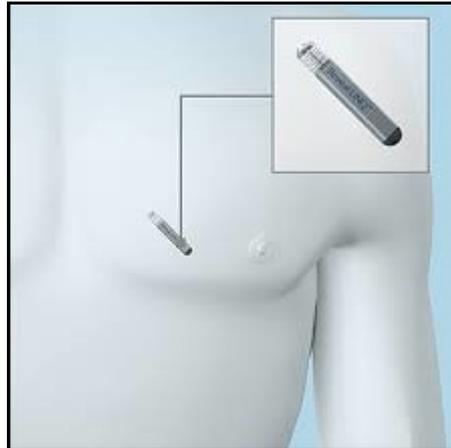
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or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## What is an implantable loop recorder (ILR) and why do I need one?

An ILR is a small device that is inserted under the skin using a simple procedure. It monitors your heart rhythm all the time and will record information to help us identify if your heart is causing your symptoms of unexplained collapses, palpitations, and as a possible cause of a stroke.

The ILR will not provide any treatment.



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## How do I prepare myself?

MRSA swabs from your nose and flat piece of skin in front of your back passage (perineum) should be undertaken to identify possible infection risks. This will either be done:

- in outpatients when you were added to the waiting list.
- or sent in the post with full instructions for you to do at home (post back without delay to avoid any delays on the day of your procedure).

If you have been given Stellisept and Bactroban or Naseptin nasal cream (these can't be posted), please use for the **2 days** before admission.

You can eat normally before the procedure and we encourage you to have plenty to drink before the procedure. Please wear a loose fitting top that is easy to remove before the procedure.

Please bring on admission:

- your current medication or recent prescription.
- your record of INR blood tests if you take warfarin.

Should your blood test readings (INRs) be above 3 the week before admission, please contact the **Cardiac Rhythm Management Team on 0116 258 3848.**

## What happens when I arrive on the ward?

Your admission time on the day of your implant will either be **7.30am or 1pm** to Ward 32, and you should expect to be with us for about 4 hours.

On arrival to Ward 32 you will be shown to our waiting room and then seen individually by a nurse who will:

- discuss your medications.
- record your heart rate, ECG and blood pressure.
- shave your chest if needed.

You will then be seen by one of the implant team and:

- have the procedure explained.
- be asked to sign your consent form.
- may have antibiotics prescribed if needed (please advise us if you have any allergies).

## How is the device implanted?

You will be taken from the ward to the procedure room and asked to change into a clean gown covering the top part of your body. You will be asked to lie on a trolley and the left side of your chest will be cleaned with an antiseptic solution and a sterile sheet will be used to cover the implant area. Local anaesthetic is used to numb the implant area; this will sting when it is injected into the skin. A small cut is then made and the device is injected under the skin.

The signals from the device will be checked, sometimes the position of the device needs moving slightly to improve the signal. The skin is then closed using a dissolvable internal stitch and special skin glue, or glue on its own. The procedure usually takes about 15 minutes. When the glue is dry you will be able to get dressed.

## What are the risks of the procedure?

The risks of the procedure are low and are described on your consent form as:

- bleeding / bruising is common and usually of no concern.
- there is a 1 in 100 risk of developing a collection of blood (haematoma) over the ILR which sometimes may need drainage.
- there is a 1 in 100 risk of infection which may need the ILR to be removed.
- pain when the local anaesthetic wears off.
- you will have a small scar.

There should be no extra procedures that become necessary during the procedure.

## Is there another option to the ILR?

You will have already undergone other tests including ECG and worn heart monitors to record your heart rhythm over a short period of time to try to find out the cause of your symptoms.

However this has not shown any results or you did not have any symptoms. The ILR allows us to record your heart continuously for 3 years. Further alternatives are short periods of wearing heart monitors again.

## What happens after the procedure?

After the device has been implanted you will have the device programmed to record your symptoms. Following this you will:

- be shown how to use the activator.
- be given the company information booklets and identification (ID) card.
- be given wound care advice.
- be shown how to use a home monitor.
- have your questions answered.

The home monitor plugs into a normal home socket ideally in your bedroom, and sends information to us on a daily basis usually during the night.



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You will then be taken back to the ward for a short rest and wound check, before being discharged home with a discharge letter.

## How do I look after my wound?

You should keep your wound dry for 24 hours after the procedure. You can shower the next day but don't use soap or shower gel on your wound until the wound has healed. The glue will take 2 weeks to flake off; don't be tempted to pick it off as this will increase the risk of infection.

Look at your wound regularly for any signs of infection, for example redness, swelling or any fluids leaking from it. You should seek medical advice if you see this.

You may have some pain and discomfort after the procedure; we advise you to take some regular painkillers such as paracetamol for a few days as needed. You can seek advice from your GP, the Cardiac Rhythm Team, or pharmacist if your pain lasts for more than a few days.

## **What happens next?**

About 2 weeks after the implant you will receive a phone call from a cardiac physiologist. They will confirm the home monitoring box has been connected and answer any questions you may have. They will ask if you are having any problems with your wound.

You will be monitored through the home monitor box only, and do not need to attend pacemaker clinic unless you are asked to.

The ILR battery lasts for 3 years. During that time the ILR sends any recordings to the home monitor at night, this information then gets sent to the hospital computer. Sometimes you will be contacted by the cardiac physiologists who are monitoring your device to ask about any symptoms you may have had.

If a heart rhythm problem is found then your cardiologists will be contacted and a decision will be made regarding any treatment you may need. This will be fully discussed with you including the benefits and any alternatives.

## **When can I return to normal activities?**

You may return to your normal activities after having a device implanted, but please ask for more specific advice regarding exercise.

You should wait until the glue has come off and your skin has healed before returning to swimming.

## **Will I have a problem when travelling abroad?**

Loop recorders rarely cause problems with airport security systems however, when travelling please make sure you carry your 'identification card' (this will be given to you before your discharge).

Simply move swiftly through the security arch if required to do so. If you do need a hand search make sure the metal detector is not placed directly over your loop recorder.

You do not need to take your home monitoring box unless you are away for longer than 2 weeks. Once you return home the monitor will download and send us all the relevant information.

## **X-rays and MRI scan**

There are no restrictions on having an X-ray or MRI scan with the newer version of the loop recorder. You should advise the radiographer you have an ILR fitted before the test.

## Who to contact

- **Pacemaker Clinic:**

**Tel: 0116 258 3837**

For any device related questions.

- **Cardiac Rhythm Nurses:**

Email: [crmnurses@uhl-tr.nhs.uk](mailto:crmnurses@uhl-tr.nhs.uk)

**Tel: 0116 258 3848** (answerphone available)

If you have any other questions regarding your procedure please contact the cardiac rhythm nurses.

Please note this number is not an emergency number.

For an emergency please dial 999 or contact your GP for less urgent issues.

## Further information

- **The Heart Rhythm Charity:**

Email: [info@heartrhythmcharity.org.uk](mailto:info@heartrhythmcharity.org.uk)

Tel: 01789 450787

- **British Heart Foundation:**

Website: [www.bhf.org.uk](http://www.bhf.org.uk)

Tel: 0300 330 3311

