



Procedure Information – Cardiac Resynchronization Therapy Defibrillator

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Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:

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Patient No.: PN

*Please fill in /
affix patient's label*

Introduction

Heart failure patients have symptoms of shortness of breath and body swelling caused by decreased pumping of blood from the heart. Initial management includes treating underlying cause, adopting a healthy lifestyle and taking medications. Patients with persistent symptoms despite the above treatments and a high risk of developing life-threatening arrhythmias such as ventricular tachycardia (VT) and ventricular fibrillation (VF) may consider implantation of a Cardiac Resynchronization Therapy-defibrillator (CRT-D) - Cardiac Resynchronization Therapy device with a backup defibrillation function. It is essentially an implantable cardiac pacemaker which consists of a battery-powered generator and leads which connect the generator to the patient's heart. But there is a special lead placed in the left heart, so that the device can stimulate both the left and right heart in a coordinated (synchronized) manner. The synchronized contraction will increase pumping of blood from the heart. Moreover, the lead placed in the right heart has defibrillation function. As soon as a VT or VF is detected, the CRT-D will automatically try to correct it by anti-tachycardia pacing, cardioversion or defibrillation.

Importance of Procedure

Recent studies have shown that in selected groups of patients, CRT-D improves heart failure symptoms, quality of life, exercise capacity and heart function and reduce the death rate from the disease. If you refuse this procedure, you may have persistent or worsening heart failure symptoms and the result may be detrimental or even fatal especially when VT or VF occurs. Alternative treatments include continuation of medical therapy or more invasive surgical treatment (such as cardiac transplant)

The Procedure

1. This invasive procedure is performed under local anesthesia in a cardiac catheterization centre. You are alert during the procedure, but we may give you sedation to calm you down.
2. Electrodes are adhered to the chest to monitor the heart rate and rhythm. Blood oxygen monitor through your finger tip will be set up. Measurement of blood pressure from your arm will be taken during the examination.
3. Skin disinfection will be performed and a small skin incision (about 3-5 cm long) will be made under your left (sometimes right) clavicle.
4. Contrast may be injected intravenously to visualize the veins in your arm and needle puncture under the clavicle may be required to obtain access to your vein.
5. 3 leads will be advanced to your heart chambers through your vein under X-ray guidance. One lead is placed in the right atrium and one in the right ventricle. A special lead is implanted in a vein called the coronary sinus which lies on the surface of the left ventricle (if patient is in permanent atrial fibrillation, the lead in the right atrium may not be necessary). Contrast injection is required to show this vein.
6. The generator will be connected with the lead(s) and implanted in a pocket created under the skin or muscle.
7. VF may be induced under sedation for testing the proper functioning of the CRT-D.
8. The wound will be closed with suturing material and covered with pressure dressing.
9. The procedure usually takes around 3-4 hours.



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Risk and Complication

A. Major complications

- Death (<1%)
- Perforation of heart chambers (<1%)

B. Other possible complications

- Wound infection (<1%)
- Wound haematoma (<1%)
- Vein thrombosis (<1%)
- Air embolism
- Contrast allergy
- Vascular injury
- Pneumothorax
- Haemothorax

C. Special risks related to the device

- Dislodgement
- Insulation break or fracture
- Pocket erosion

D. The special left ventricular lead

- Damage to coronary sinus or cardiac veins (6%)
- More prone to dislodgement (9%)

Before the Procedure

1. Your doctor will explain to you the reason, procedure and possible complications. You will need to sign a consent form.
2. Preliminary investigations including blood tests, chest X-ray, electrocardiogram and echocardiogram of the heart will be performed.
3. Blood thinning drugs or metformin (for diabetes) may have to be stopped several days before the procedure. Steroid will be given if contrast injection is necessary and there is history of allergy.
4. An IV infusion will be set up and you need to fast for 4-6 hours.
5. Shaving and disinfection near the implant site may be required.
6. If you are a female, please provide your last menstrual period (LMP) and avoid pregnancy before the procedure as this procedure involves exposure to radiation.

After the Procedure

A. Hospital care

1. After the procedure, you will be kept on close monitoring in the ward.
2. Nursing staff will check your pulse and wound regularly.
3. You should inform your nurse if you find blood oozing from the wound site.
4. You may resume oral diet as instructed.
5. Mild wound pain is common. You may take simple analgesic to relieve pain.
6. Antibiotics will be given for a few days to minimize the risk of wound infection.
7. You may be discharged from hospital several days after the CRT-D implantation.
8. Before discharge, CRT-D testing and programming will be performed and VF may be induced.



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B. Recovery at Home.

1. The wound will be inspected and covered with light dressing. Please keep the wound site clean and change dressing if wet.
2. You may need to come back to the ward or clinic for suture removal 1 week after the procedure. You may remove the dressing 2-3 days after suture removal.
3. Please avoid lifting the affected arm for 1 week, and avoid vigorous arm movement in the first month after the procedure.
4. You will be arranged to attend CRT-D clinic for regular CRT-D analysis, re-programming and battery power assessment. To maximize the benefits of CRT, the settings will be optimized with the help of echocardiogram.
5. Please carry your CRT-D identity card at all times.
6. Follow your doctor's instructions or refer to the information booklet from the CRT-D company to minimize the risk of CRT-D malfunction due to electromagnetic interference. In general, strong electro-magnetic field or radiofrequency signal will interfere your pacemaker. Please keep a distance of >15 cm (6 inches) from an active mobile phone. Household electrical or electronic appliance usually does not affect pacemaker.
7. CRT-D generator will need to be replaced in few years' time when the battery is depleted.

Remarks

1. This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different.
2. Should a complication occur, another life-saving procedure or treatment may be required immediately.
3. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Patient / Relative Name

Signature

Relationship (if any)

Date