

Reveal® Device Implantable Loop Recorder

Patient Guide

Reveal® Device Implantable Loop Recorder

You have been referred to the Essex Cardiothoracic Centre to have an operation to implant a Reveal® Device. This leaflet describes the operation so that you know what to expect. If you have any questions, please do not hesitate to ask.

What is a Reveal® Device?

A Reveal® Device is a cardiac monitor. It is sometimes called an Implantable Loop Recorder (ILR). The device is used to record your heart rate and rhythm if you have an unexplained fainting episode, dizziness or palpitations.

The Reveal® Device is inserted through a small cut to lie under the skin in your upper left chest. Electrodes that monitor the heart's electrical activity are on the surface of the device, so there are no wires. The device is enclosed in a protective case.

The operation will be performed under local anaesthetic. You will be able to go home two to three hours after the operation.

Before you go home you will be given a hand held activator. The device continuously monitors your heart's electrical activity. If you experience fainting episode, dizziness or palpitations, you or a family member places the hand-held activator over the implanted device. By pressing a button the Reveal® Device will record this event and store it. This data can then be retrieved from the device's memory later and examined.

A Reveal® Device is currently the most effective method of diagnosing infrequent symptoms. It can be left in place for up to 14 months, and research has shown the device can determine if fainting is related to a heart problem in 88% of cases.

The cardiac physiologist (a specialist in electrical activity in the heart) will explain more about how the device works before you leave hospital.

What happens before the procedure?

- You will need to arrange for somebody to bring you to the hospital and collect you by car, or taxi. You will not be able to drive yourself. You will not be able to travel by public transport.
- Unless you need someone to stay to interpret or assist with special needs, we ask that relatives or friends return to collect you when you are ready to go home.
- If you need ambulance transport because of your medical condition, this can be arranged for you. Please contact the CTC Patient Activity Office on 0845 155 3111 ext 4187.
- Please remember to bring with you:
 - All your medication, in its original container
 - Something to read or a personal stereo
 - Overnight bag with pyjamas, dressing gown, slippers and toiletries (in case you need to stay)
- For security reasons, please do not bring jewellery, large amounts of money, mobile phones or anything of great value to you. The hospital regrets that it cannot accept responsibility for loss or damage to property belonging to patients.
- Please do not wear jewellery, make-up or nail varnish. Your wedding ring may be left on if you wish and we will cover it with tape.
- Have a light breakfast at 6am on the day of your operation and then nothing to eat or drink.

Should I take my normal medication?

Unless advised otherwise, you should take all your usual medication with a small sip of water, apart from Clopidogrel, Warfarin, or diabetic medication - please see information below.

If you are taking Clopidogrel or Warfarin

Please stop taking your Clopidogrel seven days before your operation or Warfarin five days before your operation, unless you have an artificial heart valve.

If you are diabetic on insulin

- If your procedure is in the morning **do not** have breakfast and **do not** take your insulin.
- If your procedure is in the afternoon have breakfast (before 9am) and **half** of your morning dose of insulin (minimum of 10 units).
- If you are on insulin four times a day, take your usual morning dose with breakfast (before 9am).

If you are a diabetic not on insulin

You can have a light breakfast before 9am on the morning of the procedure.

If you are on diabetic tablets

Do not take them on the day of the procedure.

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What happens during the procedure?

- You will be shown to your bed.
- You will be fitted with a wristband with your details on. This is so that staff can identify you correctly and give you the right care. It is important that you do not remove it until you go home.
- The operation will be explained to you, including any possible complications. Please let us know if you have had any allergic reactions in the past, or if you are or think you might be, pregnant. If you have any questions, please ask. You will be asked to sign a consent form.
- You will be asked to remove your clothing, and will be given a gown to wear.
- A nurse will check your blood pressure, pulse, temperature and oxygen levels.
- A small sample of blood may be taken to make sure it is not too thin.
- A member of staff will examine your chest and mark the site for the device so it will be comfortable. This will be on the left upper chest.
- The nurse may clip any excess chest hair around the area for insertion.
- A small tube (cannula) will be inserted into a vein in your arm, so that you can be given sedation and other drugs intravenously.
- You will be asked to remove any dentures just before the procedure. Please tell us if you have any capped or loose teeth.
- You will be taken to the operating theatre for your operation.
- You will be asked to lie on your back with support for your head. We will do our best to make you as comfortable as possible. If you become short of breath while lying down we can give you oxygen to help.
- Your chest will be swabbed with antiseptic which will feel quite cold for a few seconds. Sterile drapes will cover your chest apart from the area identified for insertion of the device.
- You will be given a local anaesthetic. You will be awake throughout the procedure.
- A small cut is made and a pocket is formed under your skin the same shape as the ILR. The device is then inserted.
- The wound will be stitched, and a dressing applied.
- The whole procedure should take approximately 30 minutes.

What happens after the procedure?

- You will return to the day ward to recover on your bed for a short while.
- You will be given something to eat and drink.
- You should be able to go home within two to three hours.
- Nursing staff will monitor your blood pressure and pulse, check your wound site for any signs of bleeding and apply a dry dressing before you go home.
- You will be told about any changes to your medication and how to care for your wound before going home.
- The cardiac physiologist will programme your device and make sure it is working properly. (They will give you details about what to do if you have an abnormal event and how to record this).

What happens when I leave hospital?

- You will need to be collected by car. Do not use public transport.

Taking care of your wound

- If you have any discomfort you should take your normal pain relief.
- If after two days your wound becomes red, swollen, painful or warm to touch, please contact your GP.
- Your stitches will need removing after 7-10 days. You will need to make an appointment at your GP surgery for this.

Returning to normal activity

- After 48 hours you may return to work, and you may drive. You should avoid strenuous activity until after your stitches have been removed.
- A follow-up appointment will be arranged for you in the outpatient department. You will then have an appointment every three months for your device memory to be checked for evidence of any abnormal heart rhythms.

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What are the side effects or possible complications?

- Sometimes bleeding can occur from the insertion site.
- You may experience some bruising around the insertion site which should get better in a few days.
- There is a very small risk of infection at the insertion site.

What if I decide not to have the device implanted?

- The alternative to having an ILR is to use an event monitor (externally worn recorder), which you may have tried already. This is only issued for a period of two to three weeks. If your abnormal event happens less often than this you may miss it. Also unless it is correctly used it may not record a clear trace to make a diagnosis.
- Without the correct information your doctor will be unable to prescribe treatment for you. It would be up to your doctor to decide if they want to continue trying to capture abnormal events using this method. This could cause a delay in diagnosis and treatment.

Who should I contact if I have any questions?

If you need to contact us for advice regarding your implant or care, please telephone The Essex Cardiothoracic Centre on 0845 155 3111 ext 4209, or ask for Roding Ward.

Where can I find further information?

British Cardiac Patient Association

2 Station Road
Swavesey
Cambridge
CB4 5QJ

Email: enquiries@bcpa.co.uk

0800 4792800 (free of charge) or 01954 202022 (telephone and fax)

www.bcpa.co.uk

British Heart Foundation

14 Fitzhardinge Street
London
W1H 6SH

020 793 50185

Heart Information Line: 0845 070 8070

www.bhf.org.uk

NHS Direct (health advice and information)

0845 46 47

www.nhsdirect.nhs.uk

Essex Cardiac and Stroke Network

(details of local support groups in your area)

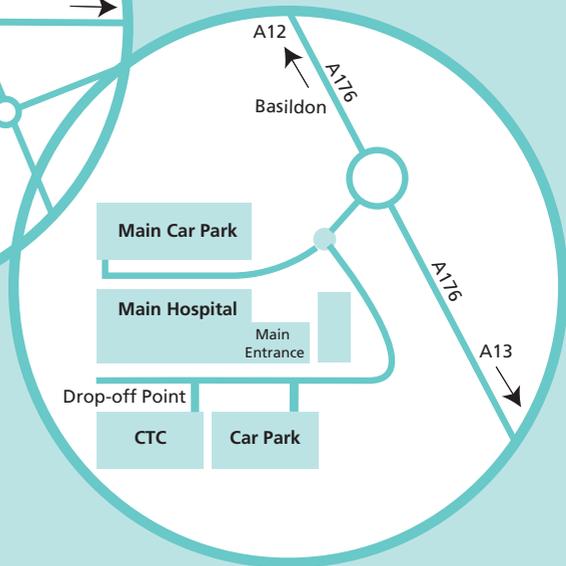
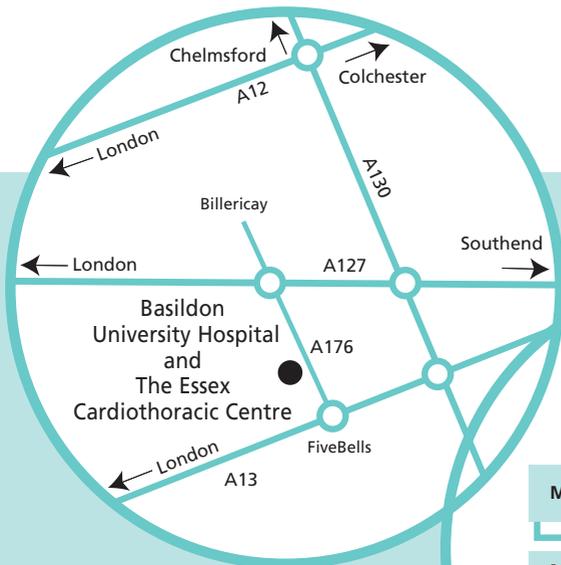
01206 286 769

www.essexcardiacservices.nhs.uk

The Essex Cardiothoracic Centre and Basildon and Thurrock University Hospitals NHS Foundation Trust

0845 155 3111

www.basildonandthurrock.nhs.uk



Basildon University Hospital

Nethermayne
Basildon
Essex SS16 5NL
0845 155 3111

Minicom

01268 593190

Patient Advice and Liaison Service (PALS)

0845 155 3111 ext 8536
pals@btuh.nhs.uk

This booklet can be provided in a different format (e.g. large print or audio cassette) on request.

www.basildonandthurrock.nhs.uk

The Trust will not tolerate aggression, intimidation or violence directed towards its staff.

Our hospitals are a Zero Tolerance zone. Zero Tolerance means ridding the NHS of intimidation and violence directed towards its staff.

This is a smokefree Trust. Smoking is not allowed in any of our hospital buildings or grounds.