

Patient information

Internal Loop Recorder (ILR) Removal Pre-admission information

Why do I need my ILR removed?

An ILR is implanted in patients with infrequent symptoms, to try and determine if they are related to an abnormal heart rhythm. Symptoms may include dizziness, blackouts and palpitations.

There are various reasons for having your ILR removed:

- It may be that the cause of your symptoms has been identified as non-cardiac.
- The battery may have run out.
- It may be that there is a cardiac cause for your symptoms found and you are being considered for further treatment.

The decision to have an ILR removal is one that you need to make with the help of the doctor and nurse who will go through the risks and benefits of having a device with you.

If you are unsure as to why you need your ILR removed, you can either ask your doctor or discuss it with the nurse at your pre-admission appointment.

What will happen if I don't have an ILR removed?

If you decide not to have an ILR removed, then you will have the device remain under your skin. This may become uncomfortable. The advice from the makers of the device is to take the ILR out once it is no longer needed.

Risks and benefits

Benefits

You will no longer have the ILR implanted under your skin so there will no longer be a protrusion from it

Risks

This is generally a safe procedure with very low risks, but as with any procedure, complications may occur.

Minor risks

One in 143 (0.7%) risk of infection, potentially resulting antibiotics being needed.

Preparation

What preparation is necessary?

A nurse will telephone you regarding your pre-admission. The aim of this is to prepare you for the ILR removal and give you the opportunity to discuss any worries you may have about the procedure.

During this time, a nurse will explain the procedure to you.

How do I prepare on the day of the procedure?

- **If you take Warfarin, Phenindione or Nicoumalone** (anticoagulant drugs) you will **not** need to stop taking these prior to your procedure.
- **If you take Apixaban, Dabigatran, Edoxaban or Rivaroxaban** (otherwise known as NOAC's or DOAC's) you will need to stop these two days prior and on the day of your procedure.
- Take all other morning medications as usual, on the morning of the test.
- Please bring a list of your usual medications with you.
- You can eat and drink normally on the day of your procedure, you do **not** need to fast.
- Please do not shave your chest, we will do this at the Cardiac Day Unit on the day of the procedure.

- The procedure is usually done as a day case if:
 - There is a responsible adult for you to go home to (if this is not possible there is a risk that your ILR explant may not be able to proceed)
 - Transport is available (hospital transport can be arranged if necessary)
 - You have a telephone at home in case of emergencies
 - You have no significant complications

If you do not fulfil these criteria, please let the pre-admission nurse know in advance.

Once at the hospital

When you come into hospital, it may sometimes be necessary to ask you to wait in the waiting area until your bed is available. You will be shown to your bed as soon as is possible.

Once you have your bed in the day ward:

- You will be given a hospital gown to change in to.
- You will go through pre-admission checks with the nurse.
- You will have a cannula (a short thin plastic tube) inserted into a vein in your arm or hand to give medications or fluids before and during the procedure.
- You may have a 12-lead ECG fitted.
- You will be asked to sign a consent form to confirm that you understand the procedure, understand the possible complications and agree to the procedure being done. A doctor will go through this with you before you are taken to the Cath Lab.

In the Cardiac Catheterisation Lab

Inside the Cath Lab

You will be taken into the Cath Lab by a day ward nurse and a member of the lab team, by walking there if you can, if not, by wheelchair or bed. Once there, you will be introduced to all the members of the team. We will help you onto the bed and begin fitting monitoring equipment to you so that we can record your ECG, blood pressure and oxygen saturations throughout the procedure. A safety checklist is read out to ensure that all members of the team are aware of the procedure and any special requirements before the procedure starts.

How do they remove my ILR?

After cleaning the skin in the area that the ILR is situated, you will be covered in a small blue sterile sheet. This will go over your face, but we will make a 'tent' for you so that it will not rest on your face and so you can see the nurse.

Local anaesthetic will be injected into the area of the insertion and a few minutes allowed for the skin to go numb. A small cut is then made in the skin just above where the ILR is situated. The operator then uses some sterile tweezers to remove the device. The skin is then closed with either dissolvable stitches or steri-strips. The procedure takes around 30 minutes.

Will it hurt?

You will be awake during the procedure but local anaesthetic is injected into the area so you may feel a slight pushing sensation. The injection of the local anaesthetic may sting and be a little uncomfortable.

After the procedure

Staff will take off all the monitoring equipment and the small blue sterile sheet and help you to transfer to a wheel chair.

You will be taken back to the day ward to recover where you will rest in your bed or a chair whilst your blood pressure and pulse are monitored. You may have something to eat. You may have a 12-lead ECG.

The doctor will see you before discharge, to discuss your procedure and the next steps in your care. You will be given a preliminary discharge summary letter to take with you and given instructions for any changes in medications, aftercare etc before you leave. A full formal letter will be sent to your GP subsequently.

After care and discharge advice

You may have some mild discomfort around the ILR iexplant site, but once it has healed most people are not aware of its presence. Painkillers such as paracetamol will help to ease the soreness. The steri strips used to close the wound should fall off naturally after a few weeks. If dissolvable stitches are used, these will dissolve within a few weeks. If this does not happen, visit your GP surgery to have them removed. The device site may be sore for a few days, but you can carry on with your normal daily activities.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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