

Pacemaker or ICD Generator Change

Your cardiologist is requesting for you to be scheduled for a Pacemaker or ICD Generator Change.

One of our hospital procedure coordinators will be contacting you within the next 48 hours to interview and schedule a procedure date for you. Please have this packet available for your phone call as they will also review the attached instructions with you at that time and answer any questions you may have. Should you need to contact our scheduling department, please call the main number, 609-584-1212 and ask to speak with the procedure scheduling department.

***The hospital will contact you directly to schedule your pre-testing appointment.**

PRE-TESTING:

DATE: _____ TIME: _____

PROCEDURE LOCATION: PPM: SFMC RWJ- Hamilton CHS – Hopewell PMC
RWJ-New Brunswick (Dr. Wjasow only)

ICD: SFMC RWJ-New Brunswick (Dr. Wjasow & Dr. Sanyal only)

PERFORMING: Dr. Caplan Dr. Wjasow Dr. Sanyal

DATE: _____

FOLLOW UP APPT: at the Madison Office

Dr. Caplan Dr. Wjasow Dr. Sanyal

Date: _____ Time: _____

Pacemaker or Defibrillator Generator Change (battery change)

Your pacemaker (PPM) or Defibrillator (ICD) has a battery which is referred to as a generator. Just like any other battery, eventually your PPM or ICD generator will need to be replaced with a new one. The battery life of your devices generator is measured during any remote device checks and is also measured at any in office checks as well.

As soon as it is identified that your battery life is getting low, the doctor will discuss having a generator change done. If someone tells you your generator has reached end of life, don't panic! As long as it is identified early you still have 3 or more months to have the generator replaced. If you have an ICD and the battery is getting too low, your device might alert you by either beeping or vibrating. If either of these alerts happen, you should call the office as soon as possible.

How Is The Procedure Is Done?

During the procedure you will be given IV sedation. To change the generator, the doctor will make a small incision, the old generator will be replaced, but the original leads (wires) will remain intact. The doctor will then implant the new generator and reconnect the existing leads. If you are pacemaker dependant (your heart relies completely on your device) then an external pacing machine will be used while your generator is changed. The doctor does not use stitches to hold the incision together instead they will use special glue.

Device Clinic & Remote Monitoring

Depending on how old your device is you may receive a new remote box. If you do require a new box you will either be discharged from the hospital with your remote box or one will be sent to your home. It is important to set up your remote box once you receive it. All remote monitors are accompanied with easy assembly directions. If you have difficulties or any questions regarding the set up and use of your remote box you may contact our office or the company where your device is from.

It is important to know that due to advances in wireless technology, use of the old landline phone is becoming obsolete. As such, Transtelephonic monitoring is being phased out and is being replaced by the more convenient Remote Monitoring method. Remote Monitoring is available for *both* pacemakers and ICDs and provides more detailed information when compared with the TTM method, and allows us to catch abnormalities much sooner. The remote monitors are small, portable, and easy to assemble using a land line, cell phone, or Wi-Fi. These reports provide about the same information as the in-office device checks. The only difference is that changes cannot be made to your device remotely. Remote Monitoring saves you time, allows less interruption in your schedule, and minimizes office appointments. Most patients prefer this method of monitoring over the TTM method.

Depending on your clinical status, your device will be checked remotely every 91 days or every 31 days. You will have an appointment scheduled for each visit but most of these appointments will not require any action by you. Of course you will always have the option of sending in remote readings if you should experience any symptoms. We have a team of qualified cardiac technicians to make sure your device is working properly and optimally. The technicians check for abnormal readings sent from your remote on a daily basis, in addition to your regular scheduled remote checks, during regular business hours. These findings are then reviewed with our Heart Rhythm Specialists in order to determine if any intervention is needed.

If you are a patient with a history of heart failure or are at an increased risk for heart failure, your device may also have the capability of automatically identifying early signs of a worsening in your condition at any point in the day, even while you are sleeping and before you experience any symptoms! Most ICDs and BiV-PPMs that have been implanted since 2010 have this functionality. Once identified, your cardiologist may contact you to assess and treat in the office before the condition worsens. This ability to intervene early with necessary treatment can minimize your suffering and may even prevent hospitalization.

Although your device is being monitored by our staff and physicians, it is important to remember that your device is not being monitored continuously, around the clock. Therefore it is important to remember that device monitoring does not replace your office visit with your doctor, nor should you assume we would know if you are feeling unwell or are experiencing any symptoms at home. Please continue to call the office and report any symptoms or changes in your clinical condition just as you would if you did not have a device.

Also, please note, if your insurance requires referrals or co-pays for testing they will be required for your regular scheduled remote monitoring as well.

Pre-Admission Testing

- The hospital will call you to schedule your pre-admission testing appointment
- During this appointment, you will be interviewed by a nurse, who will review your medical history and medications
- Bring all medication bottles in a zip lock bag, or a detailed list of your medications including dosage and frequency
- Fasting bloodwork, EKG, and CXR may be performed at this appointment.
- Take all medications as prescribed
- HCA will contact your insurance for pre-authorization. If a referral is required, we will fax a referral request to your primary care physician with all the necessary information.

Before The Procedure

- No solid food or drink after midnight including gum or candy.
- You may take your usual medications with a sip of water the morning of the procedure, except diabetic medications
- Diabetic patients: Do not take diabetic medications or Insulin the morning of your procedure
- Coumadin /Eliquis/Xarelto/Savaysa/Pradaxa patients: You may have been given a stop date, if not or have questions regarding medication instructions please call the office.
- If you develop symptoms of a cold, flu or fever or if you have been exposed to any communicable diseases (chicken pox, shingles, mumps, measles or tuberculosis) since your preadmission visit, immediately notify us.
- The hospital will call you the afternoon prior to your appointment to let you know the arrival time.
- Be prepared to stay at least one night in the hospital.

Discharge Instructions

You may resume most of your normal activities following the procedure; the only restriction is driving due to the use of anesthesia. You may resume driving the next day.

Thank you for allowing Hamilton Cardiology to participate in your care. Your cardiovascular health is our priority. Please contact the office for any further questions or concerns.