

The Arrhythmia Center of South Florida Yoel R. Vivas, M.D., F.H.R.S. Luis F. Mora, M.D. Alexandra Beaumont, A.R.N.P.

		Model	Serial	Positio	n	Status	
TEN	IPORARY ID CARD						
This perso	on has an implantable device						
manufactured by :							
Implant Date:							
Name							
Address:							
		In c	ase of emergency please contact				
		Physician:	The Arrhythmia Center of South Florida				
City:	State:	Address:	5258 Linton Blvd.				
Zip:			Suite 106	Suite 106			
Phone:		City:	Delray B	each	State:	FL	
1 110110:		Zip:	33484	33484			
		Phone:	(561) 30	(561) 303-3491			

POST OPERATIVE DEVICE INSTRUCTIONS:

1. If you are on a blood thinner, ask your doctor when the best time to restart your anticoagulation.

2. Bruising and swelling may occur around the incision site. This is **NORMAL** and should resolve over the next 4-8 weeks. **If your wound becomes excessively red, swollen, oozes or is hot to touch, please call our office immediately.** If you are discharged with a sling, you can discontinue using it the day after surgery. You can continue to use it to aid you in avoiding raising your arm at night while you sleep.

3. Keep wound dry until your incision is completely healed. Do not go into the ocean, lakes, or swimming pools until the wound is completely healed. If you wish to shower, be extra careful to not get the incision site wet. You can use saran wrap or a latex glove to cover the incision while taking a shower to avoid wetting it. **Do not use any lotions, creams, soaps, alcohol products, or hydrogen peroxide on the incision site unless otherwise directed by your physician.** Please keep hospital bandage intact until your wound check appointment.

4. If this is your first device or if you've had a new lead added, please limit the movement of your arm for 4 weeks. Do not play golf, tennis or engage in any other activity that requires you to raise your arm over your head. It is recommended that you keep your elbow at or below shoulder height and that you do not lift more than 5 pounds with the arm that is on the same side as your incision. You are encouraged to use your arm, moderately and most other activities including walking, light bicycle riding, and sex are permissible.

5. **Driving is not recommended for the first week** post implant.

6. Please contact our office at 561-303-3491 after discharge to <u>schedule an appointment to</u> <u>have your incision checked 2 weeks post implant.</u> At this visit, we will schedule you for a post operative device check within 4-6 weeks.

7. If you have a **defibrillator**, you may receive a powerful shock in the event of a bad heart rhythm. If you receive 1 shock, call our office immediately. If you are shocked more than once in a short amount of time, <u>CALL 911, DO NOT DRIVE YOURSELF.</u>

8. ICD, Pacemaker and loop education will be given at time of your post-op wound check. For specific questions regarding your device, please call the manufacturer directly the number can be found on your ID card.

9. <u>ALL FEMALE PATIENTS MUST</u> wear a full support bra or sports bra. This will help with the healing process as well as help the device from slipping down.