



Royal Berkshire
NHS Foundation Trust

Advice following an insertable cardiac monitor implant

Information for patients

You have recently had an insertable cardiac monitor (ICM) implanted. This leaflet gives important information and advice following your procedure.

What happens next?

You will have an appointment with a cardiac physiologist in the cardiac devices' clinic in six weeks' time. An appointment date will be sent out in due course or given to you at discharge. Please call us if you have not received this appointment within four weeks.

We will also provide a remote monitor device post-discharge or at your six weeks follow-up that will allow us to monitor your device remotely, depending upon the type of device you have implanted.

Important advice following your cardiac monitor implantation

There are some important instructions that we would like you to follow in the meantime. Please follow these carefully:

Wound care

Keep the wound site dry for the next seven days to avoid infection. We recommend strip washes for seven days. You can then wash as normal. The wound is closed with:

Steri-Strips – the wound **does not** need to be checked at your GP surgery. Keep the site dry for seven days, then remove the dressing and steri-strips yourself.

If you notice any signs of infection around the wound site, e.g. redness, itchiness, heat or discharge, please call the cardiac devices clinic as soon as possible.

You may experience pain and discomfort at the wound site for a few days after the implant.

We recommend taking paracetamol to help with this pain. If you are taking regular pain relief for other medical conditions, we would advise not taking any further pain relief.

It is normal to feel a small bulge under your skin where your device is situated.

Clinical advice

- We will give you an insertable cardiac monitor ID card that contains all the details regarding your ICM and the implanting centre.
Always carry this with you and show it to any medical staff (nurses, doctors, dentists etc.), as they will need to know what type of device you have to treat you effectively.
- After your six-week ICM check, you will be monitored in the remote follow up clinic and physiologist telephone clinic.
- Please continue all your medications as requested by your cardiologist.
- Most mechanical and electrical devices that you use in your normal daily activities will not affect your monitor.
- It is safe for you to have X-rays, CT scans and mammograms.
- Your cardiac device is compatible with magnetic resonance imaging (MRI) machine; however, it may cause all data to be deleted. Please ensure you inform the MRI team that you have an ICM device and please carry out a manual download prior to your MRI appointment.

How does an ICM work?

An ICM is a small medical device around the size of a pen lid that is inserted under the skin, usually in the left upper chest area. It monitors your heart rate and rhythm and takes specific automatic recording when it detects that your heart rate is too fast or too slow.

If you have your typical symptoms such as passing out, you must take a manual recording by using the LinQ II patient activator or by using your mobile app, depending on your mobile compatibility.

By recording a 'symptom', this will capture the rhythm for a period before, during and after activating the LinQ II.

The ICM can help determine if symptoms such as fainting, or palpitations are related to a heart rhythm disturbance. It is a diagnostic tool and will not provide any therapy when you have symptoms. An ICM is discreet and does not interfere with your daily activities.

The most common reasons for ICM monitoring as stated in the Medtronic booklet are:

- **Unexplained fainting** – A sudden loss of consciousness, also called “passing out” or syncope. This can occur when blood pressure drops, and oxygen cannot reach the brain. Fainting or syncope can be serious if it is caused by an abnormal heart, hence the reason for ICM.
- **Palpitations** – Usually a harmless condition in which the heart feels it is pounding, racing or fluttering.
- **Atrial fibrillation / unexplained stroke** – Atrial fibrillation, also called AF, is a common condition in which the upper chambers of the heart, beat very fast and irregularly. AF requires treatment because it is linked to stroke. A stroke of unknown cause may be triggered by AF, causing a blood clot to form. Having an ICM helps the medical team to detect AF, and in doing so, helps to prevent further strokes.

ICM monitor is implanted to prove or disprove any abnormal heart rhythm causing your typical symptoms. The ICM is not recording all the time, it auto activates or records only if your heart is too slow, fast or irregular. It is very important you manually activate when you get your **typical symptoms**.

Medtronic Linq II ICM

The ICM is manufactured by Medtronic and is called a LINQ II device. It is inserted according to the Medtronic guidelines. The LinQ II ICM works in two ways; firstly, the ICM is implanted just under the skin, then secondly it is then paired with your smartphone, tablet or a home communicator that collects the heart rhythm data from the implanted

ICM and sends it to the cardiac physiologist. Depending upon your smartphone compatibility you can either have the mobile app on your phone or if your phone is not compatible, you will be given a patient assistant and relay home communicator.

Using Linq II ICM with mobile app

Once the ICM has been implanted, the cardiac physiologist will setup your ICM, help setup MyCareLink heart app on your mobile and enrol you into our CareLink remote clinic.

1. Sign the Medtronic CareLink consent form.
2. Check if your mobile is compatible with the MyCareLink Heart mobile app by checking on Apple or Google play.
3. If compatible, download MyCareLink Heart mobile app by visiting mclheart.com or go to Apple or Google play app store.
4. Ensure on your mobile that:
 - Bluetooth is always on
 - It is connected to Wi-Fi
 - It is always close to you for manual recordings.
5. Once the app is downloaded, follow the easy step by step enrolment process. This can be done with the cardiac physiologist or at home
6. If you have your typical symptoms and have used your mobile app, please contact the devices clinic on 0118 322 6636.
7. Any problems with setting up, please call Medtronic BeConnected (Freephone) directly on **00800 266 632 82**.

Using LinQ II ICM with Patient Assistant and Relay home communicator

Once the ICM has been implanted, the cardiac physiologist will setup your ICM.

If your mobile phone is not compatible or you do not use a mobile phone, we will also give you a Patient Assistant device which you **MUST** wear around your neck on a lanyard. This is to ensure that the

Patient Assistant is always available so that when you get your symptoms you can 'activate' the recording.

1. Sign the Medtronic CareLink consent form.
2. The cardiac physiologist will show you how to use the Patient Assistant.
3. The cardiac physiologist will enrol you into the remote clinic and order the MyCareLink Relay home communicator, which you will receive in the post.
4. Once received, follow the easy guide to set it up:
 - Ensure the home communicator is plugged in and powered on within 10 feet / 3m of where you sleep
 - Ensure the home communicator is in a location with adequate mobile phone signal or Wi-Fi connection.
5. Any problems with setting up, please call Medtronic BeConnected (Freephone) directly on **00800 266 632 82**.

Patient Assistant guide

The Patient Assistant initiates the recording of the ICM. It is a handheld device that you use to prompt your ICM to record your symptoms. It connects wirelessly and the data about your symptoms is stored within your implanted ICM.

As directed, when your **symptom** (fainting, palpitations, and dizziness) occurs, you or a family member should do the following:

1. Press the large middle button on the Patient Assistant, the searching light will start flashing blue.
2. Quickly hold the Patient Assistant flat against your chest, directly over your ICM.
3. When you successfully record an event in your ICM, two success signals will occur:
 - A success tone will sound
 - A success light will illuminate green

Note: If the success signals do not appear after 15 seconds, reposition the Patient Assistant near your device and repeat steps 1 and 2.

4. If you have experienced a symptom and have not had access to your Patient Assistant, please inform the cardiac devices clinic as soon as possible.
5. Please ensure you always carry your Patient Assistant.
6. The symptom activation will be stored in your ICM, and this information will be sent automatically to the cardiac physiologist via your My CareLink Relay Home communicator (if it is connected).
7. If you have your typical symptoms and used your Patient Assistant, please contact the cardiac devices clinic on 0118 322 6636.

Any issues setting up the mobile app or home communicator, call Medtronic BECONNECT on **00800 266 632 82**. If you have concerns about any symptoms or have 'passed out,' please ring the cardiac devices clinic on 0118 322 6636.

Device / remote follow-up clinic

The device will be programmed to the best settings for you by a senior cardiac physiologist. This is initially done when the ICM is implanted and at the six weeks post-implant follow-up.

This is a cardiac physiology-led device clinic; meaning you will not be seen by a consultant.

During your six weeks follow-up check, a wand is placed over your device. The device is interrogated by the senior cardiac physiologist, who will thoroughly check the device function and ensure it is set up according to your symptoms.

The cardiac physiologist will ensure you understand when and how to make a symptom recording via your mobile or Patient Assistant device. The cardiac physiologist will also ensure you have correctly registered to the mobile phone app.

The device wound site is also reviewed to make sure it is healing well, and the senior cardiac physiologist will discuss the findings with you.

After this, you will then be followed-up remotely via your mobile app or home communicator. Once a year you will also receive an annual telephone call appointment with the cardiac physiologist to discuss, review your downloads and symptoms.

Remote follow-up clinic

This is a home monitoring system that gives us access to monitor your heart rhythm and device information from your implanted device.

Please note if you make recording due to your typical symptoms you must contact the devices clinic on 0118 322 6636.

Your device performs self-checks automatically and will send an automatic download to the clinic. We will only contact you if there is cause for concern.

It is very important if you have the mobile app and that you always carry your mobile with you. It is also especially important that Bluetooth, location, and Wi-Fi is always connected.

If you have the Relay home communicator, it should always be connected to power near where you normally sleep

Any information sent over to us by the remote monitoring will be checked by a senior cardiac physiologist and forwarded on to your consultant, if necessary.

Please be aware that this is not a 24-hour service and typically runs Monday to Friday 8am to 5pm. This remote monitoring service does not replace the emergency services. If you require urgent attention out of hours, please call 111/999.

Driving

The DVLA state that you are not allowed to drive for six months following an episode of collapse.

It is your responsibility to inform the DVLA and your driving insurance company. This should not affect your insurance premiums.

Please strictly follow your cardiologist's advice with regards to driving guidance.

For full DVLA information visit www.gov.uk/guidance/cardiovascular-disorders-assessing-fitness-to-drive

Please remember

The cardiac monitor device is not able to detect symptoms such as chest tightness or chest pain. Therefore, **do not record or activate if you get chest pains, aches or pains or other issues within the body**. This device only records the electrical conduction of your heartbeat, so only make a recording if you have **your typical symptoms**, such as 'syncope. 'Passing out' 'fainting,' 'palpitations' or if no symptoms, do not record anything.

You should call 999 for an ambulance immediately if you develop sudden severe chest pain, particularly if:

- The pain feels heavy, pressing, or tight.
- The pain lasts longer than 15 minutes.
- The pain spreads to other parts of your body, such as your arms, back or jaw.
- You also have other symptoms, such as breathlessness, nausea, sweating, or coughing up blood.

Further information

For further information, please ring the Cardiac Devices Clinic on 0118 322 6636. If we are unable to take your call, leave your name and telephone number and we will get back to you. You can also contact the CAT (Clinical Administration Team) 11 admin team who will notify us directly.

Contact numbers

CAT 11 Admin Team: 0118 322 6676 (to change your appointments)
Monday to Friday (9-5pm)

Cardiac Devices Clinic: 0118 322 6636 (for clinical advice and guidance) Monday to Friday (8-6pm)

Cardiac Care Unit: 0118 322 6528 (Emergencies advice only out of hours)

Cardiac Support: 0118 322 6638.

Email: rbbtr.CAT11@nhs.net (state your name, NHS number and device query)

This leaflet is printed privately for the Cardiac Fund. It was set up in 1976 for the purpose of providing cardiac services that would otherwise not be available through National Health resources. Our Cardiac Laboratory was equipped through the fund and many other areas in the Department have also benefited from equipment and staff training.

If you would like to contribute, please scan the QR code (right) to donate direct to the fund online, alternatively, cheques should be made payable to:



The Royal Berks Charity Cardiac Fund U226

Royal Berks Charity

Royal Berkshire NHS Foundation Trust London Road

Reading RG1 5AN Telephone 0118 322 8860

www.royalberkscharity.co.uk

Notes

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Cardiac Device Clinic / CRM team, March 2025.

Next review due: March 2027.