



# The ICD Support Group of Manitoba

THE ICD SUPPORT GROUP OF MANITOBA

Volume 13 - May 2014

## SUPPORT GROUP MEETINGS

Dr. Clarence Khoo from the Defibrillator Clinic was our featured speaker on October 26, 2013. We had asked Dr. Khoo to talk about several topics that were identified by group members after our spring meeting. i.e. How does the heart work and what happens to it after a heart attack, how do ICD's work, who should get them, what driving restrictions are there, and what's new in the world of ICD's. What follows is an overview of his presentation.

The human heart needs to pump blood with oxygen out to nourish the body, receive blood without oxygen and pump it to the lungs to fill them up with oxygen again. The heart has 2 pumps (aorta and pulmonary artery) and 4 chambers (left and right ventricle, left and right atrium). It is "powered" by an electrical current. During a heart attack the pulmonary artery becomes blocked and surrounding heart tissue dies creating scar tissue. This weakens the heart muscle and interferes with its electrical system potentially leading to ventricular tachycardia or ventricular fibrillation. Ejection Fraction (EF) is the percentage of blood that the heart pumps out with each heart beat. A normal EF is around 50% - 65% but after a heart attack it can be significantly reduced. Ventricular Tachycardia (VT) and Ventricular Fibrillation are extremely rapid rhythms in the ventricles which can be very dangerous. ICD's will deliver a "shock (s)" to correct these conditions should they arise. There are some risks associated with having a device implanted including surgical risk, inappropriate shocks and replacement of the device/leads over time. Potential candidates are carefully reviewed to ensure they might benefit from the device. Those who have had previous episodes of VT/VF may receive their device for "secondary prevention". Others who have an elevated risk of potentially having episodes of VT/VF are considered "primary prevention".

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## SPRING MEETING - SATURDAY JUNE 14, 2014

Please join us for refreshments, fellowship and information. The reception prior to the meeting is a great way to meet others living with an ICD. We encourage you to bring along a family member or guest.

Our guest speaker will be Dr. Colette Seifer, Director WRHA Arrhythmia Program at St. Boniface Hospital. Dr. Seifer will be joined by Dr. Neil Swirsky and Victoria MacDonald RN from Manitoba Public Insurance, Medical Compliance & Assessment. They will be speaking and answering questions on driving restrictions and ICD's.

**RECEPTION : 1:00 P.M.  
GUEST SPEAKER: 2:00 P.M. - 3:00 P.M.  
ST BONIFACE GENERAL HOSPITAL RESEARCH CENTRE  
G. CAMPBELL MACLEAN BUILDING  
351 TACHE AVENUE  
SAMUEL N. COHEN AUDITORIUM, MAIN FLOOR**

The closest parking lot is at the south end of the Hospital (near Emergency). The Research Centre is the large building at the southwest end of the Hospital closest to Tache Ave.

**There is no need to confirm your attendance.**

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### VOLUNTEER BOARD OF DIRECTORS

- Larry Sherman, President
- Greg Smith, Volunteer Coordinator & Director
- Jake Suderman, Director
- Dianne Brown, Director
- Bob Mawson, Director
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## **SUPPORT GROUP MEETING... continued from Page 1**

### **Can an external defibrillator be used on someone who has an ICD?**

While it should not be necessary it could be used if the ICD does not attempt to shock or the shock does not work. The external defibrillator pads should be kept far away from the ICD location. Afterwards the ICD should be checked by a professional to ensure there was no damage to the device. Contact the Pacemaker/Defibrillator Clinic for guidance.

### **What's new in the world of ICD's?**

Dr. Khoo said that the size and volume of ICD's continues to decrease with new models. Also, as we mentioned in our October 2013 newsletter there is now an ICD where the entire device and lead is located under the skin. The lead does not get placed inside the heart. These devices can not pace, they can only shock and are limited to patients unable to receive a conventional ICD. They are reviewed on a case by case basis.

### **Why are driving privileges suspended after a shock?**

There is a risk of recurrent events after an appropriate shock. A shock can interfere with a patients ability to drive i.e. the patient may pass out from the VT/VF before the shock and/or the shock may catch the patient by surprise. To reduce the risk of injury to the patient or others from an accident that resulted from a shock, driving privileges are withheld until such time the patients condition has stabilized. (Editor's note: there will be much more information on this topic at the June 14, 2014 support group meeting)

## **DID YOU KNOW.....??**

### **CHANGES IN THE CLINIC, by Esther McGimpsey RN, Unit Coordinator, Defibrillator Clinic**

As our clinic is evolving we have had to adopt other procedures to ensure that patients are seen in an efficient, timely and safe manner. One of the ways is utilization of the remote monitoring systems. Some of our patients are already familiar with this system and they will continue to use it but with a slight difference in scheduling of the appointments. What you may find is the scheduling of your appointments will be somewhat different in that we will be giving you two appointments. One appointment will be for remote monitor and the other for a clinic follow up. We are encouraging our patients who have landlines to leave their remote monitors plugged in at all times.

The remote monitoring is designed to automatically send data from the cardiac device over a standard phone line for the clinic to review. We will have access to the most current information from your device to ensure that it continues to provide the best treatment for your heart condition. Remote follow-up from a remote transmission can make it easier for you to get the care you need.

How to set up the monitor.

1. Place the monitor within 10 feet of where you sleep.
2. Plug the monitor power cord into an electrical outlet. The monitor must remain plugged in at all times.
3. Connect the telephone cord to the monitor and to the telephone wall jack. The monitor must remain connected to a telephone line at all times.

Complete the initial set up as requested by the clinic staff.

How and when you use the remote monitor will be determined in consultation with the clinic nursing staff. Because of the population of our clinic this will occur over a period of time so be patient with us and we will determine the care that is best for the individual.



## DID YOU KNOW.....?!, continued from page 2

### ICD SUPPORT GROUP WEBSITE

We are very excited to unveil our new website. You will find lots of information including meeting dates, patient guide booklet, current and past newsletters and much more. We will be updating it throughout the year so keep checking back for updates. Please check it out and let us know what you think. Your feedback is important to us. You may want to save the underlined web site address in your “favourites” in order to avoid retyping it every time you visit the site.

[www.icdsupportgroupofmanitoba.com](http://www.icdsupportgroupofmanitoba.com)

### RESPONDING TO A “SHOCK”

An ICD provides continuous monitoring and treatment for cardiac arrhythmias. It automatically detects an abnormal heart rhythm and will deliver small rapid pacing impulses or an electric shock to the heart to restore a normal heart rhythm. ICD's have clearly shown a life saving benefit in people at risk for sudden cardiac arrest. While most people can tolerate a shock to a degree, the experience can be discomfoting and may prompt feelings of anxiety, depression or fear. It is possible that you will experience a shock at some future point in time. While you cannot control shocks, you can have some control over your reaction to them. Although they are often startling and discomfoting, remember that they are also an indication that your ICD is doing its job.

What can you do to better prepare yourself and family/friends ahead of time? First of all **educate yourself**. Learn as much as you can about your ICD and how it works. Understanding why you have it, how it operates and how to respond should a shock occur can help you cope more effectively. **Keep important information close at hand**. Your ICD identification card, a complete list of your medications, your doctors name and phone number and the phone number for the Pacemaker/Defibrillator Clinic (204-237-2431) should be available at all times. Having this information handy will allow healthcare providers to take the best possible care of you in an emergency. Prepare an **action plan** to follow in the event of a shock. Knowing what to do in advance can give you peace of mind. The guidelines to follow are outlined in the booklet “The Patient's Guide to the Implantable Cardioverter Defibrillator” which was supplied to you when you received your ICD. For ease of reference we have repeated them below:

#### IF YOU RECEIVE A SHOCK:

**STOP** what you are doing and ask yourself how you feel.

**IF YOU FEEL WELL** before and after the shock, call the Defibrillator Clinic (204-237-2431) to discuss your follow up. They need to determine if the device is functioning appropriately and also how urgently you need to be seen in the clinic.

**IF YOU FEEL UNWELL** and are concerned, go to your local emergency department. Inform them you have an ICD. Take your list of medications and dosages with you.

**REMEMBER** to write down the date, time, symptoms and activities surrounding the shock.

**IF YOU RECEIVE 2 OR MORE SHOCKS TOGETHER** go to your local emergency department. If your condition changes in any way and you are worried, do not hesitate to call the Defibrillator Clinic to discuss your concerns.

If you feel symptoms of your rapid heart rhythm that do not go away you should contact the Defibrillator Clinic or your physician.



**THE ICD SUPPORT GROUP OF  
MANITOBA**

**CONTACT INFORMATION**

**MAILING ADDRESS:**

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**WEB SITES OF INTEREST:**

- Don't forget to check out our very own website. Please send any feedback to Larry Sherman (see above).
  - [www.icdsupportgroupofmanitoba.com](http://www.icdsupportgroupofmanitoba.com)
- Canadian Heart Failure Network
  - [www.chfn.ca](http://www.chfn.ca)
- Government of Manitoba - Automated External Defibrillators
  - [www.gov.mb.ca/health/aed](http://www.gov.mb.ca/health/aed)
- Organ and Tissue Donation - Manitoba's online organ and tissue donor registry (see below)
  - [www.signupforlife.ca](http://www.signupforlife.ca)

**ORGAN & TISSUE DONATION**

Organ and tissue donation saves lives. Did you know that every Manitoban who signs up as an organ donor can potentially save up to 8 lives and dramatically enhance many more with the addition of tissue donation. The following can be donated: heart, liver, kidney, pancreas, lungs, small bowel, stomach, cornea, heart valves, pericardium, bone, cartilage, tendons, ligaments and skin. Manitoba's online organ and tissue donor registry (see above) just celebrated its second anniversary. To date over 10,000 people have signed up to be organ and tissue donors. While that sounds like a lot more donors are needed. Currently there are not enough donors to meet the demand for transplants. The more

people who sign up, the more lives that can be saved. Everyone is encouraged to visit the registry and consider signing up. Clearly the decision to participate in organ/tissue donation is a personal one. For more information, or to register your intent to make an organ and tissue donation, visit [www.signupforlife.ca](http://www.signupforlife.ca).