The Heart Rhythm Charity
Promoting better understanding, diagnosis, treatment and quality of life for individuals with cardiac arrhythmias
Registered Charity No. 1107496 ©2005

Insertable Loop Recorder
Introduction

This booklet is intended for use by people who have, or are about to have an insertable loop recorder and their carers. The information comes from research and previous patients’ experiences and gives a brief explanation of how the insertable loop recorder works. This booklet should be used in addition to the information given to you by healthcare professionals.

Contents

Glossary of technical terms used

What is an Insertable Loop Recorder?

What does an Insertable Loop Recorder do?

Why do I need one?

How is an Insertable Loop Recorder implanted?

What happens after the Insertable Loop Recorder is fitted?

Going home

Removing your Insertable Loop Recorder
Glossary of technical terms used

- **Hand held activator**: a small box enabling you to save information on your loop recorder
- **Insertable Loop Recorder**: a small thin box inserted under the skin to record your heart’s activity
- **Cardiac Physiologist**: a staff member skilled in interpreting and providing information on your heart rhythm
- **Cardiology Department**: a hospital department where investigations for your heart take place

**What is an Insertable Loop Recorder?**

An insertable loop recorder (ILR) is a small thin box that is inserted under the skin to record the activity of your heart.
What does an Insertable Loop Recorder do?

The ILR monitors and records your heart’s electrical activity in order to identify an irregular heart rhythm. You may be experiencing symptoms that indicate you have an abnormal heart rhythm such as palpitations, dizziness or loss of consciousness (blackouts/fainting episodes).

The ILR can remain in place for up to 14 months. However the device may be removed sooner depending on when you experience symptoms, such as a fainting spell and your Physician has made a diagnosis, the device can be removed.

To capture and record an episode you are required to place a hand held activator over the ILR and press a button in order for the device to save the information. This should be done after recovering from your episode or feeling recovered enough from your symptoms. If required a family member or friend can place the activator over the device to save the information. It is important to carry the activator with you so that any episode can be recorded. A recording will then be stored for your cardiac physiologist and doctor to analyse to determine whether the symptoms were caused by an abnormal heart rhythm.

Some types of ILR can be set to automatically detect an abnormal rhythm without using the activator. It is still useful to use the activator when you have symptoms as this will show the medical staff what your heart rhythm is doing when you are feeling unwell.
Why do I need one?

Your doctor has advised you require an ILR. The symptoms you maybe suffering from are recurrent loss of consciousness, palpitations, light headedness, or dizziness. Your doctor may have been unable to determine the cause of your symptoms. Inserting an ILR that monitors your heart rate and rhythm may enable your doctor to identify what is causing your symptoms and to prescribe appropriate treatment if required.

How is the Insertable Loop Recorder implanted?

The insertion of an ILR can be performed as a day case.

The ILR is inserted beneath the skin in the upper chest area or in some circumstances under the arm after local anaesthetic has been used to numb this area of your skin. The procedure takes approximately 15-20 minutes and once the device has been positioned under the skin the wound can then be stitched, usually with dissolvable stitches that do not require removal. If non dissolvable stitches are used your nurse will arrange a district or practice nurse to remove them. A small dressing will be applied and you will be advised when to remove it. A course of antibiotics to take after the procedure to minimise the risk of infection is often prescribed. If children require an ILR a light general anaesthetic may be used.

The wound should be kept clean and dry until it is fully healed, although it is safe to bathe and shower. Should you encounter any problems you should seek advice from your GP, Nurse or Cardiac Physiologist.

The procedure involves a small risk of bleeding, bruising and infection to the device site and your doctor or nurse specialist will discuss this with you and asked you to sign a form to obtain your consent for the procedure.
What happens after the Insertable Loop Recorder is fitted?

Before you are discharged home a Cardiac Physiologist will visit you and explain how and when to use the ILR activator. You will also be provided with an information booklet and the physiologist will answer any questions you may have.

Going home

If you experience any difficulties with your ILR, contact the cardiology department where your device was inserted. You will be given a contact number before you are discharged from hospital.

Removing your Insertable Loop Recorder

Once your hearts activity has been recorded during your symptoms and the doctor is satisfied that any heart rhythm-related causes are identified or ruled out the device can then be removed. The removal of the ILR is similar to when you had it implanted and can be performed as a day case procedure.
Useful Websites

If you have access to the Internet you may find the following websites useful:

www.arrhythmiaalliance.org.uk
www.dvla.gov.uk/at_a_glance/ch2_cardiovascular.htm
www.medtronic.com
www.stars.org.uk
www.fainting.com

Finally

Please feel free to discuss any concerns you may have with your doctor, physiologist or your nurse at any time.
Executive Committee

President - Prof A John Camm

Dr Phillip Batin          Ms Angela Hall          Ms Nicola Meldrum
Mr Pierre Chauvineau    Mr Robert Hall            Dr John Morgan
Dr Campbell Cowan       Dr Guy Haywood            Mrs Jayne Mudd
Dr Neil Davidson        Mrs Anne Jolly              Dr Francis Murgatroyd
Dr Wyn Davies           Mrs Sue Jones              Dr Richard Schilling
Mr Steve Gray           Dr Gerry Kaye               Dr Graham Stuart
Ms Angie Griffiths      Ms Clair Malone            Mrs Jenny Tagney
Ms Angela Hall

Trustees - Dr Derek Connelly  Dr Adam Fitzpatrick  Mrs Trudie Lobban

Patrons -  Prof Hein J J Wellens  Prof Silvia G Priori  W B Beaumont, OBE

Please remember these are general guidelines and individuals should always discuss their condition with their own doctor.

Arrhythmia Alliance

PO Box 3697  Stratford upon Avon
Warwickshire  CV37 8YL
Tel: 01789 450787
e-mail: info@arrhythmiaalliance.org.uk
www.arrhythmiaalliance.org.uk