



**Gloucestershire Hospitals**  
NHS Foundation Trust

**Implantable Cardioverter  
Defibrillator (ICD)  
Advice for going home**



# Introduction

This leaflet gives you information about your recovery following the insertion of an Implantable Cardioverter Defibrillator (ICD) and it should be read in addition to the information you have already received.

## Caring for your wound

There are a number of things that you can do to look after your wound, to lower the chance of infection and encourage healing. These include:

- Keeping the dressing clean and dry. Leave the dressing in place for 1 week; this means no showering or bathing near the wound dressing for 1 week
- Avoid wearing tight clothing such as braces or bra straps over the wound
- Take care when wearing a seatbelt to avoid excess rubbing over the wound

## Wound care

When an ICD is implanted, the wound is closed with dissolvable stitches, and a dressing is placed over the wound.

Please remove the dressing 1 week following the procedure. If you have any concerns, contact the Arrhythmia Specialist Nurse for advice. The contact details are at the end of this leaflet.

If we use stitches that do not dissolve or glue, we will discuss this with you before you are discharged home.

## **If you are concerned about your ICD wound**

Please contact your Arrhythmia Specialist Nurse immediately if you are concerned about your wound and/or surrounding skin.

Report any redness, swelling, oozing or new tenderness of your wound or surrounding skin. These may be early signs of wound infection. Also, contact us if you are concerned about the skin over the ICD, feeling tight or becoming thinned.

### **Out of hours**

Most wound problems can wait until normal working hours when you can contact your Arrhythmia Specialist Nurse for advice.

However, if the wound or surrounding skin is opening and/or if you can see pus (discharge) then please attend your nearest Emergency Department, outside of these hours. We would expect you to be admitted to hospital.

Please inform us if you are admitted to hospital or remain concerned.

## **Restriction of arm movement**

If your ICD has been implanted in the left upper chest, the leads which are placed inside the heart will need time to settle in. Therefore, for the first 4 to 6 weeks, we advise you **not** to lift your left arm (or right arm if the ICD is on that side) above shoulder height, or to take part in any heavy lifting, pushing, or pulling. This will help to

prevent the ICD leads from moving out of place.

We also advise you to move your arm gently and regularly to minimise the risk of a frozen shoulder or shoulder stiffness. There are examples of safe exercises later in this leaflet.

## **Pain relief**

It is normal to feel some discomfort or pain after the implant of an ICD. When the local anaesthetic begins to wear off, you are likely to feel uncomfortable and will need to consider taking pain relief.

Paracetamol is used to treat mild to moderate pain and the dose is 1 gram (2 x 500 mg tablets), which can be taken every 4 to 6 hours.

The pain relief can take up to an hour to take effect. Do not wait for the pain to become severe; mild pain is easier to control.

However, if further pain relief is required Codeine can be used to treat moderate to severe pain. This can be purchased at your local pharmacy. You can use this as needed, alongside the paracetamol.

Pain relief may be required for a few days and up to a week following your ICD implant.

Most ICD's are placed under the skin and above the muscle. If your ICD has been placed under the muscle, you will likely have more pain in the initial weeks of recovery. You will need to consider pain relief more carefully.

It may be uncomfortable to sleep on your side or abdomen in the immediate weeks post implant of an ICD. Consider lying on your back, well supported by pillows, and perhaps a pillow under the arm on the ICD implant side for comfort.

## **Driving restrictions**

You will need to let the DVLA know that you have had an ICD implant. A legal driving restriction is given, and the duration of the restriction depends on the reason you were offered the ICD.

If you have impaired heart function or have a condition that put you at risk of a life-threatening heart rhythm, you will not be allowed to drive for one month. This ICD implant is for primary prevention reasons or 'prophylactic', specified on the DVLA form.

If you have experienced a sustained ventricular heart rhythm or a cardiac arrest, you will not be allowed to drive for 6 months. In this situation the ICD is implanted as a secondary prevention device, on the DVLA form.

**If you drive during these restricted periods, your car insurance will not be valid.**

## **Follow-up appointments**

You will need to attend your ICD appointments as these are an important part of your ongoing care. Attending the appointments will allow us to check that your ICD is working properly.

Your first ICD follow-up appointment will be at 6 weeks. At this appointment, you will be issued with

remote monitoring. This may be an app on your phone or a device by the bedside. The team will explain how to set this up at home. Remote monitoring allows us to check your device from the hospital.

If you are unable to attend your appointment, please contact the number on your appointment letter to rearrange. When you have the remote monitoring set up, you will need to attend yearly appointments at the hospital.

## **ICD information/passport**

Details of your ICD and leads will be given to you before you go home, on the day of your implant. This will either be a card or a printed document that you should keep with you at all times.

You may wish to take photocopies of this information. If you plan to travel by air, you will need to show the information at the airport.

## **What to do if you have a shock from your ICD or experience a ‘blackout’**

Often patients will have very little or no warning that their ICD is about to deliver a shock. However, some patients may experience fast palpitations, feel dizzy or feel lightheaded. Some people have no symptoms and suddenly feel the shock or experience a blackout.

If you think you are about to receive a shock from your device, you should try to:

- Lie or sit down
- Let someone else know how you are feeling

**Following an ICD shock or blackout within normal working hours, Monday to Friday, 09:00 am to 4:00 pm)**

If you feel unwell after having a shock or blackout, or you have had multiple shocks, you must call Emergency Services (telephone 999).

However, if you have had a shock or blackout and you feel well, please contact your Arrhythmia Specialist Nurse or Pacing Department who will discuss the event, explain how to send a download from the remote monitoring and arrange an appointment for urgent review. **Do not drive yourself to the appointment.**

**Out of normal working hours**

If you have experienced your first shock or think that you have had a blackout, then call the Emergency Services.

If you feel unwell after having a shock or you have had multiple shocks, again call the Emergency Services. Please let your Arrhythmia Specialist Nurse know of your admission as soon as possible. You can leave a message on the answerphone.

**Remote Monitoring and ICD shocks**

If your remote monitoring sends us an alert, that you have had abnormal heart rhythms or an ICD shock, we

will try to call you. This will be to confirm whether you are aware of the ICD shock or had worrying symptoms.

When we speak to you, we may advise you to come in for urgent review in the pacing department or we may need to admit you to one of the emergency areas or a cardiology ward.

## **If you are having other surgery or treatment**

There are certain instances when the shock treatment of your ICD should be temporarily turned off, for example:

- If you have surgery where diathermy is required
- If you have radiotherapy
- If you have an MRI

If you require surgery or other treatment, please let your surgical or radiotherapy team know that you have an ICD. This will allow discussions to take place to decide if your device will need re-programming before and after the procedure. The surgical, MRI or radiotherapy team will need to contact the Cardiac Investigations Department, if re-programming is needed.

## **Deactivating ICD shocks**

When we approach end of life, it is necessary to consider whether or not it is still appropriate to have an active ICD. It is important for us to discuss this with you, your family and/or carers so that your wishes can be respected.

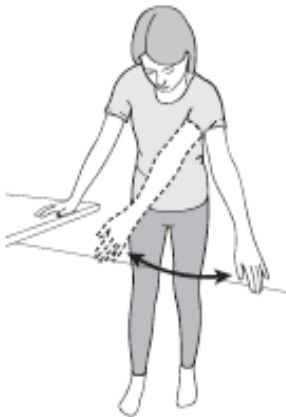
# Exercises to prevent shoulder stiffness



Let your affected arm hang straight down.

Swing your arm as if drawing a circle on the floor.

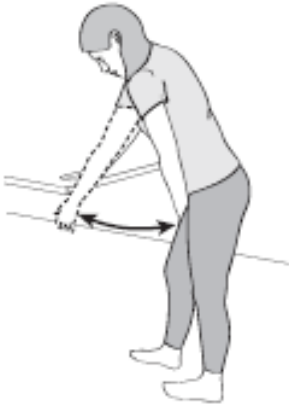
Change direction. Repeat 10 times.



Let your other arm hang straight down.

Swing your arm to your left and then to your right.

Repeat 10 times.



Let your arm hang straight down.

Swing your arm forwards and backwards.

Repeat 10 times.



In a sitting or standing position roll your shoulders in both directions.

Repeat 10 times.



Tilt your head from side to side.

Repeat 10 times.

## Contact information

Arrhythmia Nurse Specialists Gloucester Royal	Tel: 0300 422 8420 Monday to Friday: 09:00am to 4:00pm
Pacing department Gloucester Royal	Tel: 0300 422 8281 Monday to Friday: 09:00am to 4:00pm
ICD Appointments	Tel: 0300 422 6551 Monday to Friday: 09:00am to 4:00pm
Arrhythmia Alliance	Helpline: 01789 867 501 Website: <a href="http://www.heartrhythmalliance.org">www.heartrhythmalliance.org</a>
Patient Advice and Liaison Services (PALS)	Tel: 0800 019 3282 (Free phone) Email: <a href="mailto:ghn-tr.pals.gloshospitals@nhs.net">ghn-tr.pals.gloshospitals@nhs.net</a>
British Heart Foundation	Heart Helpline: 0808 802 1234 Website: <a href="http://www.bhf.org.uk">www.bhf.org.uk</a>
The Cardiomyopathy Association	Tel: 0800 018 1024 Website: <a href="http://www.cardiomyopathy.org">www.cardiomyopathy.org</a>
Driving and Vehicle Licensing Agency (DVLA)	Tel: 0300 790 6806 Website: <a href="http://www.gov.uk/pacemakers-and-driving">www.gov.uk/pacemakers-and-driving</a>

Gloucestershire Carers Hub	Tel: 0300 111 9000 Website: <a href="http://www.gloucestershirecarershub.co.uk">www.gloucestershirecarershub.co.uk</a> Email: <a href="mailto:carers@peopleplus.co.uk">carers@peopleplus.co.uk</a>
Talking Therapies (Gloucestershire)	Tel: 0800 073 2200 Website: <a href="http://www.ghc.nhs.uk">www.ghc.nhs.uk</a>

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## Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

### Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

**\*Ask 3 Questions** is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.

Patient Education and Counselling, 2011;84: 379-85



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