Implantable Loop Recorder

Working together to improve the diagnosis, treatment and quality of life for all those affected by arrhythmias
Implantable Loop Recorder (ILR) A small thin device inserted under the skin to record your hearts’ activity

Cardiac Physiologist A healthcare professional skilled in interpreting and providing information on your heart rhythm

Cardiology Department A hospital department where investigations for your heart take place

Important information
This booklet is intended for use by people who have, or are about to have, an Implantable Loop Recorder and for their family/carers. The information comes from research and previous patients’ experiences and gives a brief explanation of how the Implantable Loop Recorder works.
An Implantable Loop Recorder (ILR) is a small thin device that is inserted under the skin to record the activity of your heart.

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

The ILR can remain in place for up to three years. However, the device may be removed sooner depending on when you experience symptoms, such as a fainting spell. 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 whilst experiencing symptoms ideally.

However, if recovery time is needed first then activate as near to the event as possible. 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 to analyse to determine whether an abnormal heart rhythm caused the symptoms.

The 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.
If you suffer symptoms of recurrent blackouts/fainting episodes, palpitations, light headedness, or dizziness, your doctor might advise that you require an ILR.

Your doctor may have been unable to determine the cause of your symptoms with external ECGs and 24hr ECG monitoring. Inserting an ILR that monitors your heart rate and rhythm over a longer period of time may enable your doctor to identify what is causing your symptoms and to advise appropriate treatment if required.
The insertion of an ILR can be performed as a day case surgery.

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 doctor or physician 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 a child requires 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 ask you to sign a form to obtain your consent for the procedure.
What happens after the ILR is fitted?

A cardiac physiologist will program the ILR to required settings either at the implant time or just after, this only takes a few minutes. Before you are discharged home the physiologist will explain how and when to use your activator. You will also be provided with an information booklet and an ID card. 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 implanted. You will be given a contact number before you are discharged from hospital.

Using an ILR

To capture and record an episode, you are required to place a hand-held activator over the ILR. When in place, press the button in order for the device to save the information. This should be done whilst experiencing symptoms or as near to the event as possible. It is important to carry the activator with you so that any episode can be recorded. You will then be asked to return to the ECG department of the hospital for the results to be downloaded.

You may have received a loop recorder with remote capabilities. This will mean you can send any stored information to your doctor via a phone line from your own home without having to go to hospital. In some instances, these results may produce a diagnosis. If so, the ILR may be removed and appropriate treatment will be given.

Removing your ILR

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. You will be given an appointment for a routine follow-up. If you have any questions or concerns, please contact the hospital where the device was implanted.
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If you have any queries please do not hesitate to call us on 01789 867501

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Please remember that this publication provides general guidelines only. Individuals should always discuss their condition with a healthcare professional.

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