

REMOTE MONITORING

Remote monitoring allows communication between your implanted device and your clinician by transmitting data remotely. The benefits of remote monitoring include:

- Early detection of actionable events
  - Reduction of inappropriate shocks
  - Heart failure monitoring
  - Minimizing in-office visits
- **If there is an emergency, seek medical attention. This is not an emergency response service or a life alert system.**
- Your remote monitor automatically checks your device daily for abnormalities, but a full report is transmitted every one to three months as determined by your physician.
- Blinking orange or yellow lights on the monitor likely indicate a connectivity issue, not the need for immediate medical attention.

Types of Monitoring

Your care team will help you select one or both monitoring types as part of your care plans.

- Bedside monitor
  - Will be set up before your discharge or at your wound check appointment.
  - Plug it into an outlet, place it on your bedside table, and leave it alone.
- Phone application
  - Will be set up before your discharge.
  - Make sure Bluetooth is turned on and the application is always open on your phone.
  - Do not force-quit the app.



Exam room.

- If your phone turns off, make sure you re-open the application.
  - If you have a leadless device, your remote monitoring capability will vary based on the device company.
- All transmissions are posted to the patient portal and sent to a follow-up physician, typically a cardiologist or primary care physician.
- You may receive a text message from Valley’s electrophysiology team asking if you would like to opt in to enhanced connectivity messages, a platform used to notify patients when their remote monitor is disconnected.
- You will be billed for remote monitoring, so please reach out to your insurance provider to inquire about the cost. Please provide the CPT and ICD-10 codes below to facilitate the pricing process.
- ☐ **PPM: 93294 & 93296**
- ☐ **ICD: 93295 & 93296**
- ☐ **BiV ICD: 93295 & 93296 & 93297, 59**
- ICD-10 Code:** \_\_\_\_\_

For more information, please call Valley’s device clinic at **201-432-7837, option 2.**

Business hours are Monday through Friday, 8:30 a.m. to 4:30 p.m.

THE VALLEY HEART AND VASCULAR INSTITUTE

The Valley Heart and Vascular Institute is known for its depth of experience and high-quality care.

The Valley Heart and Vascular Institute includes a dedicated team of clinical staff, including cardiologists, cardiovascular surgeons, interventionalists, imaging specialists, electrophysiologists, vascular surgeons, anesthesiologists, nurses, sonographers, physician assistants, and advanced practice nurses; innovative technology; and robust clinical trials. Valley’s multidisciplinary team approach to care represents a forward-thinking and integrated strategy for the treatment of cardiovascular pathologies that is centered on each individual patient’s needs.



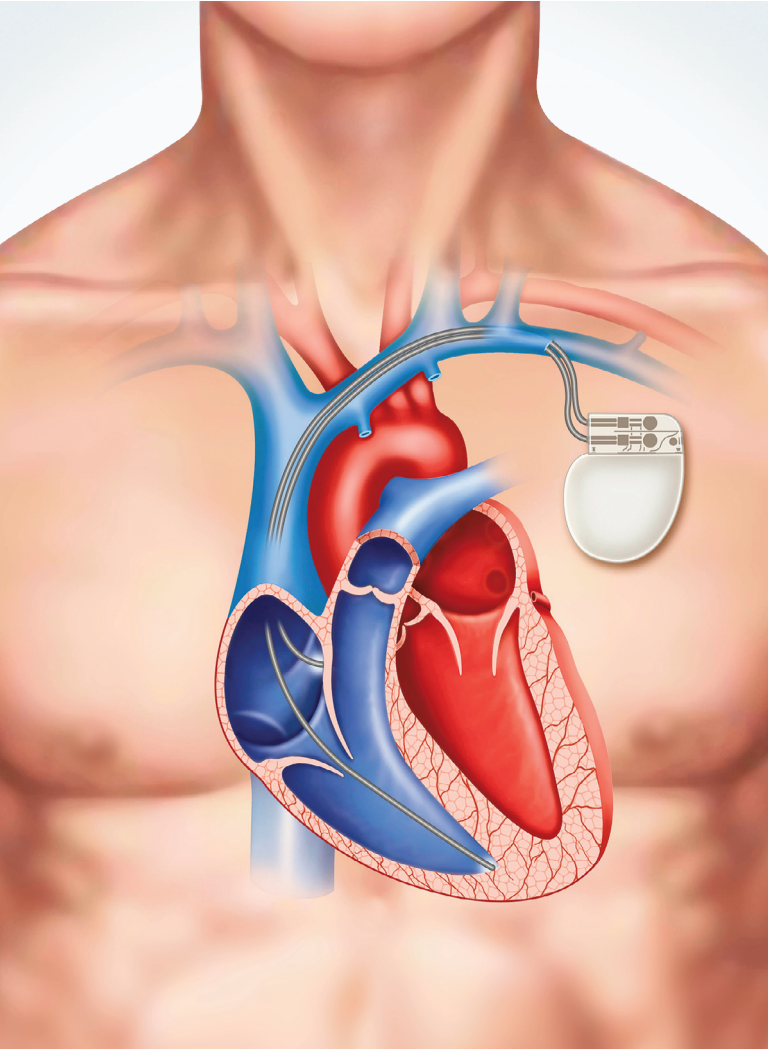
The Valley Hospital Patient and Family Advisory Council has reviewed and approved this material to ensure that the patient and family perspective has been included.

**Cardiac Electrophysiology – Device Clinic**  
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5/25

NAVIGATING LIFE WITH  
YOUR PACEMAKER  
OR DEFIBRILLATOR

A PATIENT’S GUIDE



Everything Medicine Can Do.  
A Few Things Medicine Can’t.



Everything Medicine Can Do.  
A Few Things Medicine Can’t.



IMPLANTABLE CARDIAC DEVICES

During an arrhythmia, your heart can beat too fast, too slow, or irregularly, and as a result, it may not be able to pump enough blood to the body. This can cause symptoms such as fatigue, shortness of breath, or fainting.

Some types of arrhythmias can cause more serious problems, and at that point, your care team may consider treatment with a cardiac implantable electronic device (CIED). Usually, the device is placed under the skin in the chest area and has wires that are threaded from the vein under the clavicle (collarbone) to your heart in order to correct your arrhythmia.

There are two types of cardiac implantable electronic devices:

Permanent pacemaker (PPM):

A device implanted to prevent a slow heart rate by delivering electrical impulses to maintain a normal heart rate.



Implantable cardioverter defibrillator (ICD):

A device implanted to treat fast heart rates and dangerous arrhythmias by sending electrical shocks to the heart to restore normal rhythm. Defibrillators are also pacemakers.

IMPLANTABLE CARDIAC DEVICE FACTS

- The battery lasts from eight to 15 years, depending on make, model, and percentage of use.
- Once the battery reaches the estimated replacement indicator (ERI), your care team will notify you.
  - You have approximately three months of battery remaining once reaching the ERI.
- Keep your device ID card safe and present when necessary.

- Notify airport security that you have a cardiac device.
- Your device is compatible with all diagnostic testing, including computed tomography (CT) scan, X-ray, positron emission tomography (PET) scan, and mammogram.
- Magnetic resonance imaging (MRI) scans require clearance before testing.
- Avoid magnets close to your cardiac device.
- Do not fiddle or play with your cardiac device, as this could damage or dislodge your leads – wires that connect your device to the heart.

WHAT TO EXPECT FROM YOUR INCISION

- Remove the large gauze dressing that covers your wound the day after the procedure. If the incision is closed with white strips (Steri-strips) or skin glue, do not remove them. Allow them to peel off on their own, and do not remove them yourself.
- Keep the incision dry. Do not apply any lotions, creams, ointments, or herbal remedies to the incision.
- It is **normal** if you notice:
  - Mild swelling, pain, and bruising at the site of incision. These symptoms will resolve within one to two weeks.
    - You may take Tylenol and use a cool, dry compress for relief.
  - Mild stiffness or pain in the shoulder or arm on the same side as the device.
- It is **abnormal** if you notice:
  - Significant swelling or any amount of drainage, such as pus or bleeding, from the incision.
  - You develop a fever of > 100.3°F.

- Severe** stiffness or pain to the shoulder or arm on the same side as your device.
- Chest muscle twitching, chest pain, or fainting spells.

POST-PROCEDURE RESTRICTIONS

Gentle movement of the arms and shoulders is encouraged to prevent complications associated with immobility after all procedures.

The following restrictions are to minimize the risk of lead dislodgement and interference with wound healing in new implant procedures.

All Procedures

- For two days: No showering or getting the incision wet.
- For three days: No driving.
- For seven to 10 days: No submerging in a pool, bath, or hot tub.

Battery Change

For one week:

- No lifting or carrying anything greater than 10 pounds.
- No strenuous upper body exercise.

Leadless PPM Implant

For seven to 10 days:

- No lifting or carrying anything greater than 10 pounds.
- No strenuous lower body exercise.

New Implant

For four weeks:

- No lifting or carrying anything greater than 10 pounds.
- No strenuous upper body exercise.

- No raising your arms above your head.
- No sports that require aggressive movement of your arms, such as tennis, pickleball, golf, or swimming.

APPOINTMENT SCHEDULE

After your procedure, follow-up appointments will be scheduled to check in with your care team.

PPM or ICD implant

- Wound check after seven to 10 days with a device technician.
- Device checks every one to three months depending on the procedure; you may also see your clinician.
- One-year device check and appointment with your clinician.

PPM or ICD battery change

- Wound check after seven to 10 days with a device technician.
- One-year device check and appointment with your clinician.



Lobby of Valley's cardiovascular suite located at 140 East Ridgewood Avenue in Paramus.