

Wound Checks for Pacemaker and ICD Patients

Observe wound for warmth, redness, drainage, and approximation of skin edges. Note any ecchymosis, unusual edema, or hematoma.

After one week, if wound is healing well, skin staples or steri strips may be removed. Patient may then shower without covering the wound, but should try and keep their back to the shower head and not “soak” the incision.

Incision should be left open to air without bandages. Do not use any creams, lotions, etc. on incision. Instruct patient to observe site daily for continued healing and notify us immediately if concerns.

If signs of **infection**, notify EP doctor who will order antibiotic. Schedule repeat wound check, usually in one week. Instruct patient that if things look “worse” instead of better, or they begin to run a fever, to call the office immediately.

Outline any observable **hematoma** with marker. Notify EP if needed. Is patient on ASA or Coumadin? Is there a fever? Schedule repeat wound check.

Restrictions

Patient should not carry or lift anything heavier than 10 lbs. for 4 – 6 weeks with affected side.

If new leads, lead replacement, or repositioning, patient should not raise arm above head or use arm behind back for 4 – 6 weeks. Instruct patient to put affected arm in shirt or coat first.

Driving is per physician instructions.

Follow-Up

Make sure appointment is made to return in 4 – 6 weeks for device check and office visit.

If patient has experienced syncope, near syncope, or return of pre-pacemaker symptoms, a pacemaker check should be done the day of the wound check.

ICD Patients: Instruct to call the office if they receive a shock from their device. If it happens at night, they can wait until morning if they are feeling well (i.e. no chest pain, shortness of breath, etc.). We will want to interrogate the device. If, at any time, the patient receives a shock or multiple shocks and they do not feel well, they should call 911.

ICD patients frequently ask what a shock will feel like and will they know it. It is unusual for a patient to receive a shock and not know it. I tell them it is an uncomfortable “thumping” feeling, usually felt in the center of their chest or back. Frequently, there is no warning and it lasts only a couple of seconds.