

McLaren Flint
FLINT, MICHIGAN
PATIENT DISCHARGE INSTRUCTIONS

**PERMANENT PACEMAKER, ICD or BiV-ICD
POST-OPERATIVE**

1. DIET: 2 gm Low Salt diet
2. INCISION CARE: You may remove your dressing 1 day after surgery. Paint the incision with Betadine for the next 2 days (if you are not allergic to Iodine). You may shower beginning the 2nd post-operative day.
3. ACTIVITY: DO NOT RAISE YOUR ARM ABOVE THE LEVEL OF YOUR SHOULDER ON THE SIDE THE DEVICE IS IMPLANTED FOR 3 WEEKS. This allows the leads to "heal in". You may use a sling to support the affected arm if you like. You may otherwise resume activity as tolerated, including walking.
4. FOLLOW-UP: See your heart doctor in 7-10 days post-op. Please call to schedule an appointment.
5. MONITOR FOR SIGNS OR SYMPTOMS OF INFECTION. Symptoms are increased redness, warmth or drainage from the incision. Call immediately if you suspect a problem. Take your temperature at 12 noon and 9 p.m. for 10 days. Call your heart doctor if your temperature is 101° F or greater. Some swelling is normal post-op, however if the swelling or bruising is increasing, notify your heart doctor.
6. ICD (defibrillator) PATIENTS: Please contact your heart doctor when you suspect the device has fired. If the device fires multiple times in a short period of time, call 911 and proceed to the nearest Emergency Room.
7. WEIGHT MONITORING: Weigh yourself every morning before eating and write your weight down. Call your heart doctor if you gain 3 pounds or more in a day or 6 pounds in a week.
8. MONITORING HEART FAILURE SYMPTOMS: Call your heart doctor if you have swelling of your ankles, legs and/or feet, increased shortness of breath or difficulty breathing. Call your heart doctor if you have a change or increase in your symptoms.
9. If I smoke, I have been counseled about quitting. I understand that smoking increases my chances of suffering from heart and lung disease, or other illnesses which may shorten my life.
10. If you have any other questions or concerns, please contact your heart doctor's office for assistance.

Patient or Caregiver Signature

Date

Page 1 of 1
White Copy – Chart Yellow Copy – Patient
Revised 09/07/2007

PATIENT DISCHARGE INSTRUCTIONS

M-1708-137



780b

PT.

MR#/RM.

DR.