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ABLATION AND ICDS

Rev. B.1, 11-JUN-2008, Page 1 of 1

DEFIBRILLATOR (ICD – IMPLANTABLE CARDIOVERTER DEFIBRILLATOR)

Radio frequency ablation procedure in a patient with an implanted cardiac device could cause implanted device malfunction or damage. To minimize the risks from radio frequency ablation, follow these guidelines:

- Have temporary pacing and defibrillation equipment available.
- Program the ICD to asynchronous pacing mode (DOO). Depending on the ICD model, programmable asynchronous pacing may or may not be available. If this is not available, continuous monitoring of the rhythm is required to assess for pacing inhibition due to EMI.
- Suspend tachyarrhythmia detection using a magnet, or turn detection Off using the programmer.
- Avoid direct contact between the ablation catheter and the implanted lead or device.
- Position the ground plate so that the current pathway does not pass through or near the implanted device system (minimum of 15 cm [six inches]).
- Interrogate the ICD at the beginning and end of the ablation procedure, and print a full summary to verify and document that the programmed status of the device remained as intended.