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## **Electroconvulsive Therapy**

This document addresses Electroconvulsive Therapy (ECT) with respect to patients who have any SJM ICD. The electric impulses from ECT may be interpreted by the ICD as “electrical noise,” which could mask the underlying rhythm of the heart and cause the device to enter a noise reversion. During a noise reversion, the device will not deliver therapy (therapy includes ATP pacing, cardioversion and defibrillation) and will revert to the programmed pacemaker Noise Reversion Mode, which is programmable to Pacer Off or an asynchronous pacing mode. More importantly, the impulses may be misinterpreted as cardiac events, causing bradycardia pacing inhibition or resulting in inappropriate arrhythmia detection and therapy delivery. A high voltage shock delivered by the ICD to the patient during ECT Therapy could cause difficulties and disrupt the procedure. To avoid this, the ICD should have tachyarrhythmia detection and therapy suspended. This can be done by placing a magnet over the device. The patient’s heart rhythm should be monitored externally any time the ICD is suspended. Additionally, the electricity delivered during ECT therapy may cause a reset within the ICD. Therefore, the device should undergo a full follow-up before a course of ECT begins, and at the completion of the course of treatment. Should a change in ICD function be suspected during the course of the therapy, a follow-up should be performed at that time as well.