Considering an ICD?
You have options.

If your doctor has recommended an implantable cardiac defibrillator (ICD) for you, you'll have a couple of decisions to make. First, do you want to get a device? And if so, which type of device? This tool and conversations with your doctor can help you learn more. So together you can make the right decision for you.

Why is my doctor recommending a device?

Your doctor will share details about your specific medical condition. But in general, ICDs are used to protect people from sudden cardiac death. Sudden cardiac arrest happens when the electrical system in your heart stops working. That means your heart stops pumping blood to your body. Without treatment, someone experiencing sudden cardiac arrest can die within minutes. That is called a sudden cardiac death.

How does an ICD work?

An ICD will monitor your heart rhythm. If it detects an abnormal life-threatening rhythm – called an arrhythmia – it will deliver a shock to restore your heart's normal rhythm. Some patients say having an ICD is like having a paramedic with them at all times. Depending on your medical condition and type of heart rhythm, your doctor may recommend an ICD that provides a type of pacing called ATP, or anti-tachycardia pacing. While not painful, some patients report they can feel the ATP being delivered. In some patients, ATP can be used instead of a shock to restore your heart's normal rhythm.

Do I want a device?

Only you and your doctor can make that decision. But here's some information that may help you decide.

No

You may be at a place in your life where you choose not to get an implant. Just be sure you understand the risk of not having an ICD.

Only **1 in 10 people** who have sudden cardiac arrest outside the hospital without an ICD survive.[1]

Yes

Up to
34%
are more likely to live having an ICD.

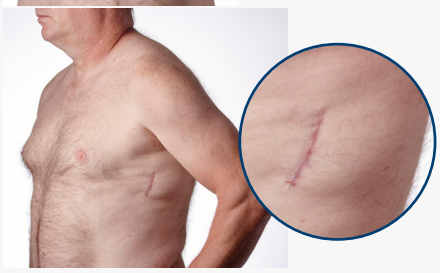
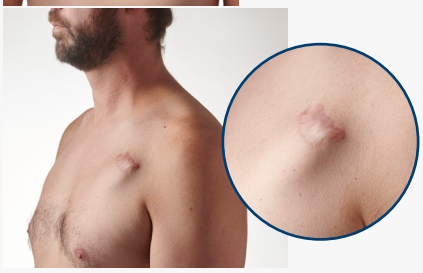
In studies of people at risk for sudden cardiac arrest, those with an ICD were **23%–34% more likely to live** compared to people without an ICD.[2,3]

The ICD is there in case you need it. Think of an ICD like a seat belt. If you're in an accident, a seat belt will protect you. An ICD is similar. You may never need it. But if you do, it could save your life.

ICDs reduce the risk of sudden cardiac death. An ICD is the most effective treatment for preventing sudden cardiac death.

S-ICD or TV-ICD?

If you choose to get an ICD, you have two options: subcutaneous (S-ICD) and transvenous (TV-ICD). The main difference between the two devices is where the lead – that's the wire that will deliver the shock to your heart – is placed. With a TV-ICD, the lead is placed inside the heart. An S-ICD's lead does not touch the heart; it is placed under the skin on your chest (refer to pictures below).

	S-ICD	TV-ICD
Device and lead location	Device: **Under left arm** Lead: **Under skin**	Device: **On upper-left chest** Lead: **Inside the heart**
Battery life	**Approximately 9 years[4]**	**Approximately 12 years***
Will I have a scar?	**Yes** 1 for device on rib cage under left arm 1–2 smaller ones on chest	**Yes** 1 for device on upper-left chest
Will the device be visible?	 Todd is an EMBLEM™ S-ICD recipient since 2015 and had his first S-ICD replacement 6 weeks prior to this photo. 	 Ryan is a transvenous ICD recipient since 2011 and had his TV-ICD replacement 7–8 months prior to this photo. 
Can the device provide pacing if needed?	**No**	**Yes** (including ATP and pacemaker capabilities)
Do I need an EKG screening to be eligible?	**Yes**	**No**

*Battery longevity dependent on device manufacturer, device settings, and amount of pacing required.

Frequently Asked Questions

Is surgery required?

Yes, a minor surgery is required to implant the ICD system. It takes a couple of hours. You might need to stay overnight in the hospital. After the surgery, it is likely that you will feel pain or discomfort, which will go away over time.

Will the ICD be visible?

For most people, there is a scar where the ICD is placed. There may also be a bump under your skin. How visible that bump is depends on your body type. While it's not visible, you may feel the S-ICD electrode on your chest. To see more images of the device implanted on other body types, visit: www.sicdsystem.com/en-US/subcutaneous-difference/implantable-defibrillator-faqs.html.

Is getting a shock painful?

People report a wide range of experiences. Some describe it as a mild thump, while others describe it as a kick in the chest. While the shock may be painful, it's over in an instant.

How likely am I to receive therapy (shock or ATP) from my ICD?

Your doctor can best answer this question based on your type of heart condition.

What are the risks?

Every surgical procedure has some risks. This includes infection and bleeding. In the rare case your ICD becomes infected, removal may be required. Because the TV-ICD leads are inside the heart, removal is more complicated than removing the S-ICD leads, which are under the skin. While uncommon, your ICD could deliver a shock when not necessary, which is called an "inappropriate shock." Ask your doctor for more information.

How long will recovery take?

Full recovery normally takes 4–6 weeks. Be sure to follow your doctor's instructions. Ask about resuming normal activities based on your specific situation.

Will having an ICD limit my ability to exercise and do other activities?

Your doctor may ask you to avoid strenuous activity, especially upper-body activity, for a few months after the procedure. This is so you have time to heal. After that, you may be able to do most of the things you did before your implant.

Your underlying heart condition and device will factor into the type and amount of exercise you can do. Be sure to talk to your doctor about what level of physical activity is best for you. If the S-ICD is selected, your doctor may recommend an exercise test to check the settings on your implanted device for the heart rate you achieve during activity.

Can the ICD be turned off?

Yes, it can be turned off at any time without surgery.

To learn more about your options, scan the QR code or visit
www.sicdsystem.com/en-US/subcutaneous-difference/implantable-defibrillator-faqs.html.

1. Sudden cardiac arrest. National Heart, Lung, and Blood Institute. https://www.nhlbi.nih.gov/health-topics/sudden-cardiac-arrest. Accessed June 2021.

2. Goldenberg I, Gillespie J, Moss AJ, et al. Long-term benefit of primary prevention with an implantable cardioverter-defibrillator: An extended 8-year follow-up study of the Multicenter Automatic Defibrillator Implantation Trial II. *Circulation*. 2010;122(13):1265-1271.

3. Bardy GH, Lee KL, Mark DB, et al. Amiodarone or an implantable cardioverter-defibrillator for congestive heart failure: SCD-HeFT investigators. *New Engl J Med*. 2005;352:225-237.

4. Data on File. Based on analysis of >2,900 Emblem patients followed on LATITUDE. June 2020.

S-ICD™ System

Important Safety Information

An implantable cardioverter defibrillator is designed to monitor and treat heart rhythm problems, greatly reducing the risks associated with them. There are risks associated with this device including, but not limited to, allergic reactions, bleeding, death, fever, infection, kidney failure, need for surgical replacement, nerve damage, stroke, and tissue damage. Electrical or magnetic fields can affect the device. In some cases, the device may not respond to irregular heartbeats or may deliver inappropriate shocks and in rare cases severe complications or device failures can occur. Your physician should discuss all potential benefits and risks with you and describe the appropriate medical care.

Refer to the product labeling for specific indications, contraindications, warnings/precautions, and adverse events. Rx only.

Device Quality and Reliability

It is Boston Scientific's intent to provide implantable devices of high quality and reliability. However, these devices may exhibit malfunctions that may result in lost or compromised ability to deliver therapy. Refer to Boston Scientific's CRM product performance report on www.bostonscientific.com for more information about device performance, including the types and rates of malfunctions that these devices have experienced historically. While historical data may not be predictive of future device performance, such data can provide important context for understanding the overall reliability of these types of products. Also, it is important that you talk with your doctor about the risks and benefits associated with the implantation of a device.

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