



**NAPLES HEART RHYTHM SPECIALISTS, P.A.**  
PROVIDING CONSULTATIVE CARDIAC ELECTROPHYSIOLOGY

**Frequently asked questions and answers about your procedure**

**Q : Do I need preoperative blood tests: ? Where will this be done ?**

**A:** Yes . preoperative testing is required before your procedure. We will provide you with an order for this. Further detail is on your pre-procedure instruction sheet.

**Q : What should I do the day and night before my procedure? Should I take my usual medicines on the day of the procedure ?**

**A:** You can perform your usual activities the evening before the procedure. You may take your morning medications with sips of water only (unless you are specifically instructed otherwise). If you are diabetic, do NOT take your diabetes medication the day of the procedure.

**Q : Is it OK to eat the night before my procedure?**

**A:** Yes, you can eat the night before. Do not eat or drink anything after midnight ; you must be fasting for your procedure.

**Q : What time should I arrive for my procedure ?**

**A:** Generally 1-2 hours before your scheduled procedure time. The hospital will dictate this. Refer to your pre-procedure instruction sheet for your arrival and scheduled procedure times

**Q : How long will I be in the holding room before my procedure? Can my family accompany me there?**

**A:** You will likely be in the holding room for 1-2 hours before your procedure. This allows staff the time to prepare you. Your family can accompany you to the waiting area and will be escorted back to the holding area as time and space permit. They will be asked to remain in the waiting are while you are being prepared or examined

**Q : What time will the procedure actually begin and how long will it last? How long will I be in recovery and how long after the procedure until my family can see me ?**

**A:** The procedure will begin as close to your scheduled time as possible (refer to your pre-procedure instruction sheet for your surgery time). Please understand that your scheduled time and the actual time may differ due to unavoidable emergencies ahead of you.

We ask for your understanding and patience in this regard as you will be given undivided attention during your procedure as well. Typical procedure times are as follows: (this includes your prep time in the operating room):

Pacemaker implant: 30 minutes to 1 hour

ICD implant: 30 minutes to 1 hour

Biventricular pacemaker/ICD implant: 1 to 2 hours

Electrophysiology (EP) study: 30 minutes (if in conjunction with one of the above, will add to the total time)

Implantable loop recorder (ILR): 30 minutes

Keep in mind these are approximations. Actual procedure times can vary greatly between patients. You will be in recovery anywhere from 1 hour to 3-4 hours depending on the level of anesthesia given during your surgery. Your family will be able to see you shortly upon your return to recovery, usually within 30 minutes.

**Q: What are the most common complications related to the procedure?**

**A:** Complications include, but are not limited to, bleeding, infection, pneumothorax (collapsed lung), cardiac tamponade, myocardial infarction, deep vein thrombosis, pulmonary embolus, need for emergency open heart surgery, or loss of life or limb (rare). The overall incidence of these complications is approximately 1-2%.

**Q: What is my surgeon's experience with these complications?**

**A:** Less than 1%.

**Q: What specific measures are taken to avoid complications?**

**A:** Amongst other precautions, patients are given antibiotics as indicated, instructed to keep their wound dry for 7-14 days, and a post-operative wound check may be performed in the office to ensure proper healing.

**Q: What type of anesthesia will be used and who will administer it?**

**A:** Each patient will have an individual anesthesia plan determined prior to the procedure by the anesthesia team. You will have a dedicated anesthetist for your safety. Generally patients are given very deep sedation (not general anesthesia) throughout the procedure. You should not remember anything about your procedure other than being on the operating table and the preparations.

**Q: What types of monitoring devices will be used?**

**A:** Electrodes will be attached to your chest to monitor your heart rate and rhythm. A finger probe will monitor your oxygen levels. Patches will also be applied to your chest and back; these will pace or defibrillate your heart externally only in case of emergency. You will also have a patch applied to your thigh to allow for use of electrocautery during surgery.

**Q: Who will keep my family informed during the procedure and who will let them know if there is any delay?**

**A:** Generally speaking during your procedure we follow the “No news is good news” rule. Your family will know when you go into the procedure as you will leave them at the holding room. In the waiting room there may be a hospital volunteer available to communicate with the cath lab team. At the end of the procedure your physician will call the phone in the waiting room to speak with your family.

**Q: After surgery how will my pain be controlled?**

**A:** Immediately after you will be numb in the area from local anesthesia. You will be discharged from the hospital with a prescription for medication as needed.

**Q: Where will I go after the recovery room?**

**A:** It is our intent to discharge you home directly following a brief recovery period, provided no peri-procedural complications or concerns arise. Otherwise you will go to a cardiac telemetry unit. This allows for continuous monitoring of your condition, your heart rhythm and observation that your device is functioning properly prior to your discharge.

**Q: How long will I need to be in the hospital?**

**A:** Patients will normally be discharged a few hours after completion of the procedure unless there is an indication to remain in the hospital for further monitoring or care. Prior to discharge a chest x-ray may be obtained to ensure appropriate device positioning and rule out potential procedural complications.

**Q: Will I need someone to stay with me at home?**

**A:** No, however keep in mind someone will need to drive you home from the hospital. You will not be able to lift the affected arm over the level of your shoulder for a few weeks nor lift anything heavier than a gallon of milk for one week.

**Q: Where can I get more information about this surgery?**

**A:** Included in your folder is a booklet about your device as well as pre and post-operative instructions. If you have additional questions or concerns about your procedure after reading this information please do not hesitate to call us.