IDECIDE Replacement of ICD

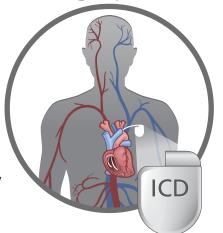
A decision aid for replacement of Implantable Cardioverter-Defibrillators (ICD) For patients that already have an ICD and are considering replacement.

Refresher: What an ICD does

An ICD is designed to prevent an at-risk person from dying suddenly from a dangerous heart rhythm. When it senses a dangerous heart rhythm, an ICD gives the heart an electrical shock. It does this in order to get the heart to beat normally again.

Making a choice about ICD replacement

Your doctor has told you that it is time to replace your ICD with a new one, most likely because the battery is wearing out. For many people, this is a straight-forward decision. For others, the decision may not be so easy.



Why this might not be an easy decision When you first got your ICD, it made sense. You were at a high risk for sudden cardiac death and you wanted to prevent that by getting an ICD. Since several years have likely passed since that discussion, it is reasonable to think again about whether you still want an ICD:

- Your overall health: you may be Sicker or have other illnesses on top of your heart failure.
- You may be at a place in your life where the quality of your life is much less than it once was and preventing a sudden cardiac death isn't as important to you. You may be ready to accept death when it comes and are not as concerned with preventing it.
- You may have had some bad experiences with your ICD. Make sure to talk to your doctor.
 You have been shocked in the past and do not want to that experience again. Maybe you have experienced anxiety or depression because of getting the ICD and fear future shocks.
- Your risk for sudden cardiac death may not be as high as it once was.



Over 5 years, about 20 out of every 100 patients get shocked by their ICDs. About 80 out of every 100 will not get shocked. Most shocks happen because of dangerous heart rhythms but some happen when they are not needed.

Considering replacement of an ICD

Regardless of why you need to replace the ICD (battery wearing out, device malfunction, infection, etc.), you will need to have a surgery much like the one you had before.



Risks

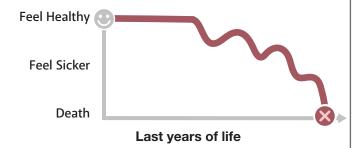
In general, risks of this replacement procedure include pain, infection, and bleeding. Serious complications, however, are unusual. There is a slightly higher risk of complications when a wire (lead) needs to be replaced. Talk with your doctor about these complica-

ICD Trade-offs

Deciding whether or not to replace your ICD can be difficult but you do have options. While the future is always unpredictable, there is an important trade-off to consider when deciding whether to get an ICD. Consider two possible paths:

Path 1

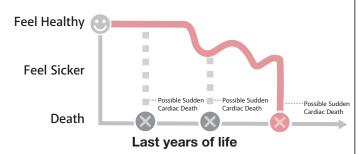
You may choose to get an ICD. You may be feeling like you usually do, then a dangerous heart rhythm could happen. The ICD may help you live longer by treating a dangerous heart rhythm. You will continue to live with heart failure that may get worse over time.



"I'm not ready to die. I have so much I'm trying to stay alive for. Even if it means getting shocked, I'm willing to do anything that can help me live longer."

Path 2

You may choose to NOT get an ICD. You may be feeling like you usually do, and then a dangerous heart rhythm could happen. You may die quickly from the dangerous heart rhythm. This can happen at any time.



"I've lived a good life. The idea of dying quickly sounds like a painless way to go. I've always said I hope to die in my sleep. Going through surgery and getting shocked is not the kind of thing I want."

Patient Centered Decisions

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Can I remove the ICD?

Unless you have an infection of the ICD or are replacing it because the battery is running out, it is usually best not to remove an ICD. If you decide not to replace the ICD, it can be turned off. Once the ICD is off, it would no longer be able to shock you. In patients who are close to death, the ICD is often turned off so that it will not shock them. Some patients may choose to have it turned off because they no longer want to prevent sudden death.

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