University Hospitals of Leicester
NHS Trust

Having an S-ICD device fitted to manage your heart rhythm/condition

Cardiac Rhythm Team

Information for Patients

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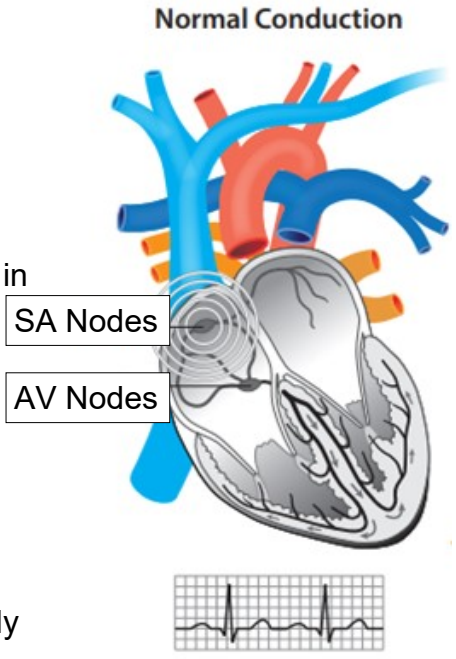
Introduction

A Subcutaneous Implantable Cardioverter Defibrillator (S-ICD) is a special device that can monitor your heart rhythm. It can treat your heart if you were to get a life threatening rhythm. It is made up of a pulse generator and a lead. This booklet has will help you understand why you need this device. It will tell you what you will experience when you come in to have it implanted and the after care for when you go home.

How does the heart work normally?

The heart is a pump that helps move the blood around your body and to your brain.

The pump works because of an electrical signal from your hearts natural pacemaker called the 'sinus node' (SA). This is in the right upper chamber of the heart called the right atrium. The signals created spread through the atria making the muscle contract and squeeze the blood into the bottom of the heart.



The signals then reach the AV node which is the middle junction box in the heart. The signal is slowed down as it passes down to the bottom chambers of the heart (ventricles). The ventricles contract and squeeze the blood around the body and brain from the left side or to the lungs from the right side.

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

How will I know if I need an S-ICD?

Your consultant or Specialist Nurse will talk to you about S-ICD at your bedside or in clinic. They will explain your heart condition and talk about the possible benefits of having an S-ICD implanted.

If your doctor has suggested that you need an S-ICD, you may have had or be at risk of having an abnormal, fast heart rhythm called Ventricular tachycardia (VT) or Ventricular fibrillation (VF).

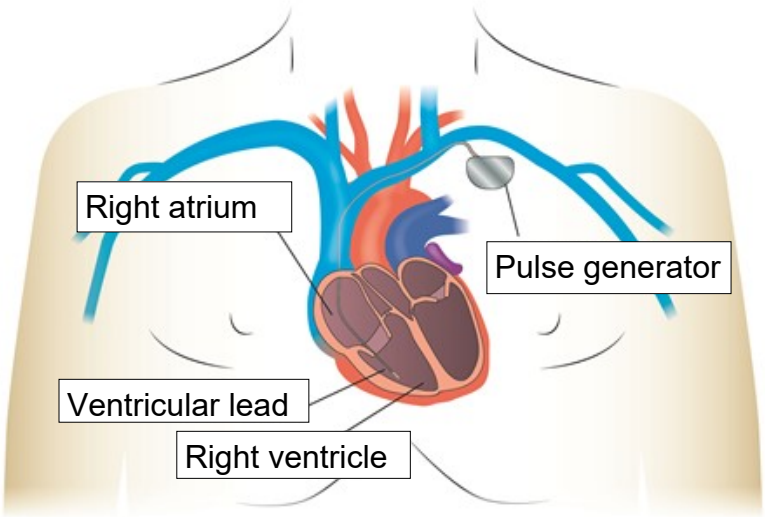
The S-ICD recognises and monitors your heart rhythm. It will deliver electrical therapy to shock your heart back into normal (sinus) rhythm if needed.

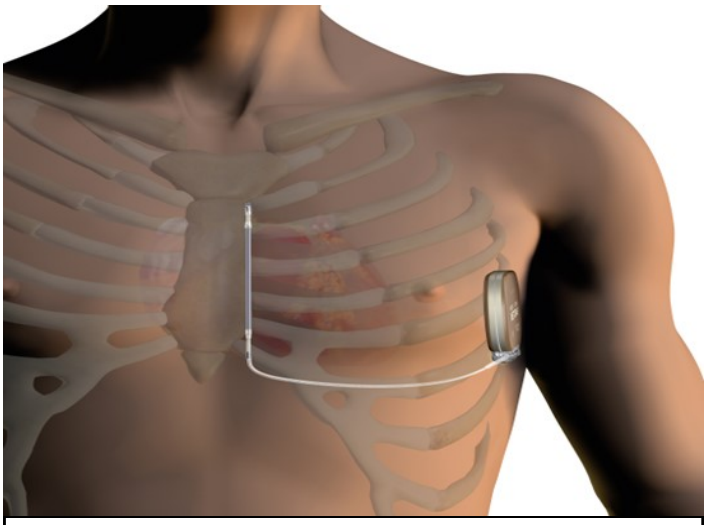
We will do a short electrocardiogram (ECG) screening test to see if an S-ICD is the best choice for your heart condition. An ECG records the electrical activity of your heart. We will talk about the results with you at the time of the test.

If an S-ICD is not suitable for you we may suggest a ICD.

What is an ICD and S-ICD?

An **ICD** is made of up of a small battery (pulse generator). We place this under the skin below the collarbone. This is connected to 1 or 2 wires (leads) that go along the veins to the heart.





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The **S-ICD** is a battery-powered electronic device that is placed just under the skin on the left side of your chest.

The device is connected to 1 insulated wire (lead), placed just under the skin alongside the breast bone. This senses the heart's electrical signals.

An S-ICD leaves the heart and blood vessels untouched and intact. This makes it a less invasive option for patients who do not need cardiac (bradycardia) pacing.

What is a fast, abnormal heart rhythm?

- **Ventricular tachycardia (VT)** happens when cells in the bottom chambers of the heart (ventricles) make electrical signals that take over the normal heart rhythm. This makes the heart beat much faster than it should be.

  This fast heart rhythm effects how the heart pumps. You may feel:

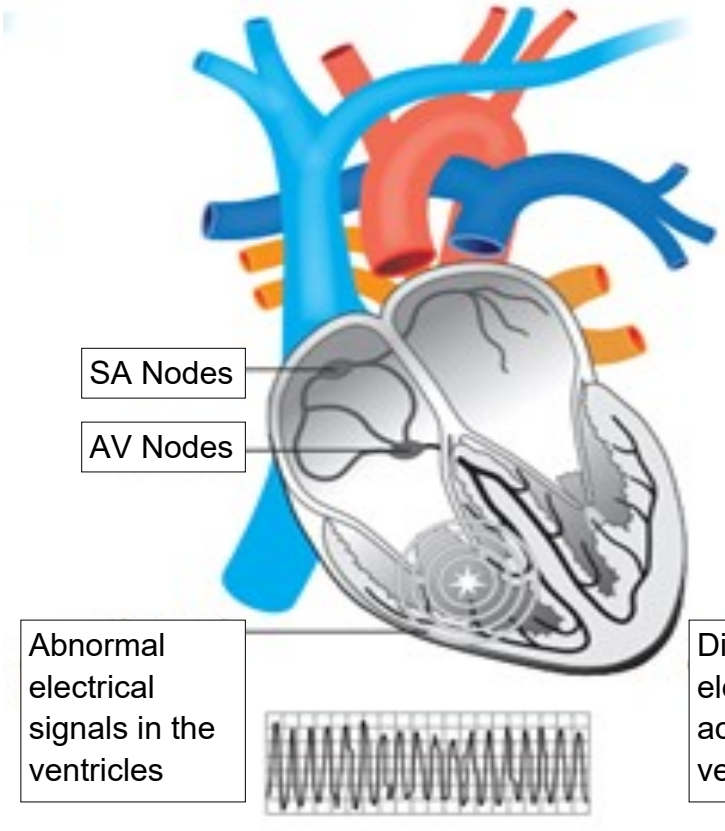
  - your heart beating very fast,
  - short of breath,
  - dizzy,
  - have chest pains,
  - sick or collapse.

- **Ventricular fibrillation (VF)** happens when impulses from the ventricles overwhelm the normal heart rhythm.

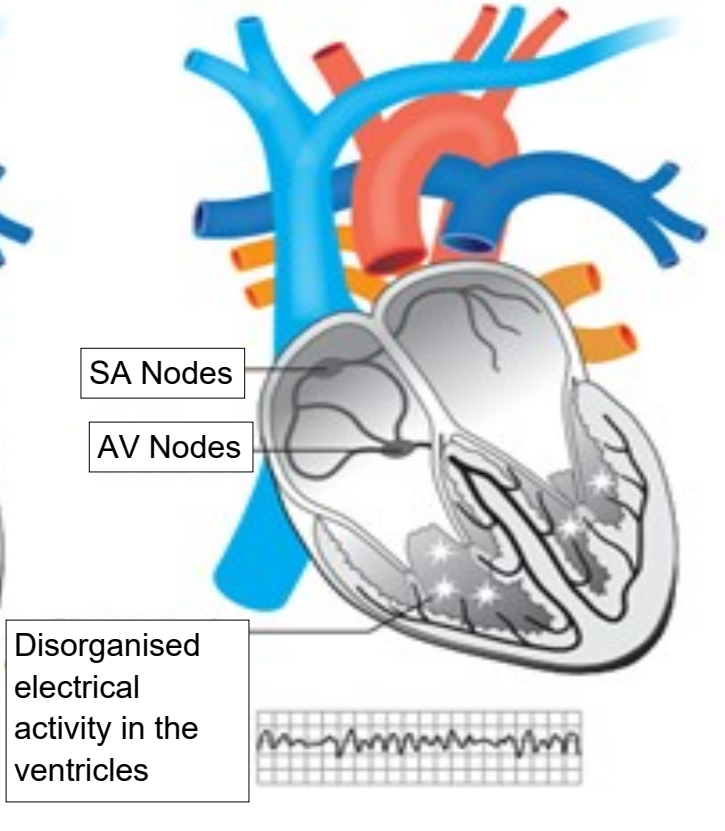
  The heart rhythm is so chaotic that the heart fibrillates or quivers instead of pumping.

  This is cardiac arrest. This is fatal if you do not get defibrillated (an electrical shock to the chest) to return the normal heart rhythm.

Ventricular Tachycardia



Ventricular Fibrillation



What treatment can the S-ICD give?

Defibrillation

If your heart was to go into a life threatening rhythms (VT or VF), the S-ICD needs to treat this rhythm quickly. The S-ICD does this by shocking the heart back into a normal rhythm. This is called defibrillation.

Many patients collapse or faint shortly after a very fast rhythm starts. Because of this they do not feel these high-energy shocks.

For those patients who are awake, some describe the shock like a “kick in the chest”. The shock comes suddenly. The feeling lasts for only a second.

While many find the shock reassuring, other patients may feel anxious for a short time after shock therapy is delivered.

Deciding whether or not to have an ICD

An S-ICD can be lifesaving, but like any invasive procedure, there are some risks.

Having a S-ICD implanted is a big commitment, and it is important you have read and talk about all the information before you decide to go ahead.

The major benefit of an S-ICD is that it will constantly sense your heart’s rhythm. It will treat any life threatening rhythm.

A S-ICD can give some patients more “peace of mind”. They feel safer because, along with their medication, the S-ICD can help treat any fast rhythms that their heart may go into.

The reason we suggest S-ICD is because it helps you live longer by preventing “sudden cardiac death”, rather than to improve exercise capacity or quality of life.

S-ICD have less risks of infection as the lead is not implanted into the heart. If the lead becomes infected it will be easier to take out. The leads of an S-ICD are sown in place and so are unlikely to move.

Possible risks

Around 1 in every 10 patients will have some kind of complication from the procedure. The risks are:

- **Infection**

Any procedure carries a risk of infection. Device infections are rare (about 3 in 100 patients), but they can be very problematic. Sometimes, the device and all wires have to be removed and the whole process started again.

- **Bruising, bleeding, and discomfort**

Some bleeding and bruising are normal. There is a small risk (1 in 100 patients) of significant bleeding that might need an operation to stop it. Discomfort for several days after the procedure is common. You should take regular pain relief on the ward and continue to take as needed when you get home.

- **Wire movement**

There is a small chance (6 in 100 patients) that 1 of the device wires might move out of place. We will detect this during clinic checks. We will reposition it. This risk mainly applies to transvenous ICDs.

- **Air leak from the lung (Pneumothorax)**

There is a small risk (1 in 100 patients) of air leaking from the lung into the chest during the procedure. This may need a drain and a longer hospital stay. We will do a chest X-ray before your discharge to check for this. This risk is significantly lower or not even a risk with S-ICDs, as the chest cavity is not entered.

- **Inappropriate shocks**

The device can be confused by other fast heart rhythms that are not dangerous. Each year, around 3 to 5 people out of 100 with ICDs will get a shock they did not need. This can be distressing for the person but also for their family and loved ones.

- **Radiation risk**

Ionising radiation can cause cancer which happens after many years. The risk of getting cancer because of this procedure is less than 0.01%, which is very low. For comparison, the natural lifetime cancer incidence in the general population is about 50%. There is a small chance your skin might go red (erythema) from the radiation. If you are more likely to get this, the doctor will tell you after the procedure.

Your cardiologist will have explained to you why you need to have an S-ICD and the benefits of having one fitted. They explain the risks and benefits. If you agree, you will sign a consent form before the procedure.

Pre-admission and preparing yourself

We see all patients having an S-ICD fitted in the Cardiac Rhythm pre-admission clinic or at the ward bedside. This is to make sure you know what to expect on the day of your procedure.

At your preadmission appointment, we will give you specific information about the procedure, your medication and when to stop eating and drinking.

Please remember to bring the following to your preadmission appointment:

- Your current medication or recent prescription.
- Your record of INR blood tests if you take warfarin.

If your pre-admission date is less than 7 days before your procedure, call the Cardiac Rhythm Team on 0116 258 3848 for advice on your medication.

At your pre-admission visit, you give you a antimicrobial wash and nasal cream. Use them as told from **3 days before** your procedure till the day of the procedure.

Eating and drinking (fasting)

- **If your admission time is 8am:**

  Do not eat anything from midnight the night before. You can have water only until the time of the procedure.

- **If your admission time is 1pm:**

  Do not eat anything from 9am on the day of the procedure. You can have water only until the time of the procedure.

- **If you are having a General Anaesthetic, and your admission time is 8am:**

  Do not eat anything from midnight the night before, and you can have water only up to 2 hours before your procedure.

- **If you are having a General Anaesthetic, and your admission time is 1pm:**

  Do not eat anything from 8am, and you can have water only up to 2 hours before your procedure.

You will be admitted to ward 32. Please bring a small overnight bag with you and all of your medication. If you are on warfarin, please bring your anticoagulation booklet and readings.

What does the procedure involve?

The procedure usually happens under a local anaesthetic. We may also give you some sedation to help you feel relaxed. Sometimes it can be performed under a general anaesthetic.

On ward 32:

- When you arrive on ward 32 you will meet the nurse who will be caring for you. They will show you to your bed.
- The nurse will ask you some questions and take your blood pressure, pulse, temperature and a small plastic tube (cannula) will be placed into the back of your hand.
- We will give you an antibiotic through the cannula. We give this to reduce the risk of getting an infection in the S-ICD site. **Please tell the nurse if you have had any allergic reactions to antibiotics before.**
- We will ask you to put on a hospital gown and paper pants.
- If you have hairs on your chest the nurse will need to remove these with clippers, to keep infection risk low.
- A member of staff from the procedure room will come and introduce themselves and take you to the room in a chair or on your bed.

In the procedure room (Cath Lab):

- The S-ICD implant happens in a special procedure room often called the Cath Lab. This is separate from the ward. This room has X-ray and monitoring equipment.
- The staff in the procedure room will be wearing special gowns, masks, and hats to help protect against infection. This is a very clean procedure.
- We will move you from your chair / bed onto the X-ray table. The table is narrow and quite firm. We will attach wires for a heart monitor to your arms and legs. We will also attach other monitoring equipment that is needed.
- We will clean your chest area with an antiseptic solution. We will use sterile towel to cover the area around it. The doctor will inject local anaesthetic into the skin below your collarbone (usually on the left side). This may sting a little. This will numb the area before we make a small cut (incision).
- We will inject local anaesthetic on the left hand side of your chest next to the rib cage. This may sting but then will feel numb.
- We create a pocket under the skin. This is where we will place the S-ICD pulse generator (battery). You may feel some pressure on the left hand side of your chest as we do this.
- We will use more local anaesthetic and make 2 small cuts slightly to the left of the breastbone. This will be used to place the lead under your skin. You may feel a pushing sensation at this time. We will attach the lead to the S-ICD pulse generator.
- The whole procedure will take around 1 to 2 hours to do. We will close the cuts with clips and cover it with a protective dressing.

After the procedure:

- We will take you back to the ward on your bed. You will need to stay on bed rest for 2 hours.
- If you had sedation, you might be a little sleepy. Once you are awake you will be able to eat and drink normally.
- The area where your device has been implanted may be slightly bruised and swollen. It is normal to feel some discomfort as the local anaesthetic wears off. Please let the nursing staff about pain and discomfort. They will offer you pain relief.
- The nursing staff will then encourage you to get up and start moving around.
- We will do a chest X-ray before you go home.
- We will explain any changes to medications before you leave.
- We will let you know if any stitches (sutures) need to be removed by your GP/Practice nurse. This is normally not needed.

Living with your S-ICD

What will it feel like?

Most people know that the S-ICD is there but get used to it quickly. At first your device may feel uncomfortable when you lie in certain positions. Or when wearing certain clothes. Moving or wearing certain clothes cannot damage or move the S-ICD.

Battery

We will check the devices battery life on every visit to the pacemaker clinic. The battery often lasts between 4 to 7 years. Changing the battery means replacing the complete pacemaker box with a new unit. This means having the procedure again. We can often leave the original leads in place.

What do I do if my S-ICD gives me a shock?

Your heart medication can help stop any abnormal heart rhythms. This can help to reduce symptoms. If you still get an abnormal rhythm the S-ICD can help to treat this. Energy is sent out to shock your heart back into a normal rhythm. You may become unconscious. Most patients say they do not feel the shock.

It is rare, but the S-ICD sometimes incorrectly analyses your heart rhythm as needing a shock when it does not need one. This is called an ‘inappropriate shock’. This will feel the same as a normal shock.

If you experience a **single shock** but feel well afterwards please contact the pacing clinic to make an appointment. Please do not drive until you have attended this appointment. We will talk to you about driving.

If you get multiple shocks or feel unwell after a single shock please call 999.

Clinic visits

- Your S-ICD should be checked regularly. Please make sure to attend all clinic visits. You may need to visits us more often just after it is fitted.
- During each clinic visit, the physiologist will examine your S-ICD using a special programmer. This machine examines the settings and the battery life of your device. All the information is saved on a computer. It is confidentially stored in your records.
- We will check your wound. We may do other tests like an ECG.
- You can ask any questions or let the team know if you have any problems or worries.
- You may also see the heart doctor (cardiologist) or their registrar at your clinic visit.

Remote monitoring

- Many centers can set you up for 'remote' monitoring. This means monitoring your heart and implanted device from the hospital while you are at home.
- You will need a special transmitter. It will have an aerial inside it. This helps the device send information about your heart to the hospital. Your doctor and cardiac physiologists will get this information and monitor you.
- Some newer S-ICDs can connect to your smartphone instead.
- This allows your doctor to monitor your condition based on accurate, up-to-date clinical information at any time, meaning that should you receive a shock and you are feeling well, the care team will be able to check your device and the cause of the shock while you stay at home.
- Remote monitoring can also replace some routine clinic visits, saving you time.

For more information, please see the Arrhythmia Alliance booklet on remote monitoring.
Visit: https://tinyurl.com/2tnhybu9

Pain relief

- You may have some pain and discomfort after the procedure.
- We advise you to take painkillers regularly for a few days as needed. Get advice from your GP or pharmacist if your pain lasts more than a few days.

Arm restrictions

- We advise you to limit arm movements on the implant side. This is to reduce pressure on the wound.

Wound care

- If your wound has stitches and a dressing, you can remove the dressing 48 hours (2 days) after your procedure.
- Do not replace it if the wound is dry.
- You can shower on the wound site. Do not use soaps or perfumed products for the first 2 weeks. It may irritate the wound.
- If surgical glue was used, you will not have a dressing. It is waterproof after 24 hours (1 day). You can get the wound wet after this time. Do not use soap or perfumed products for the first 2 weeks.
- **Look for signs of infection:**
  - redness,
  - on-going soreness or swelling,

- oozing,
- the skin around it becoming hot,
- getting a higher than normal temperature or feeling unwell.

If you notice any of these signs, contact your GP right away. The infection could spread to the device. You may need to get it replaced if this happens.

Driving and insurance

- The Driving and Vehicle Licensing Agency (DVLA) has strict guidelines for patients who have a S-ICD. You may be able to drive or may not. There will be some restrictions, but these will vary depending on why you have had your S-ICD fitted.
- It is important you talk about this with your nurse, physiologist, or doctor at your S-ICD centre. They will explain this in more detail. You can access the guidelines on the DVLA website.
- You will also need to tell your motor insurance company to let them know that you have had an S-ICD fitted.
- If you hold a Group 2 (lorry/bus) licence, having a defibrillator would disqualify you from holding such a licence.

Electrical equipment

- Most household electrical items like well-maintained microwave ovens, DVD players, and electric drills are safe if used at least 15cm (6 inches) from your device.
- If your job involves equipment such as welding tools, please get specific advice as this may not be recommended.
- Avoid leaning over a car alternator with the engine running.

Travel

- These devices rarely cause problems with airport security systems.
- When traveling, always carry your 'Device Identification Card'. We will give this to you before being discharged.
- Move quickly through the security arch if asked. If a hand search is needed, make sure the **metal detector is not placed directly over your device**.
- It is advised to show security staff your identification card and ask to be searched by hand. Hand-held wands can temporarily interfere with your device. Only walk through the metal detector archway if asked to do so. Be aware the metal casing may set off the alarm. The detector will not harm your device if you walk quickly through.
- Make sure your travel insurance company knows you have an S-ICD. Some need written confirmation from your cardiologist that you are fit to travel. Travel companies may increase premiums.

Mobile phones and portable music players

- You can use these safely. Keep them at least 15cm (6 inches) away from your device.
- Always use your phone on the ear on the opposite side to your device. Do not put the phone in a shirt pocket over the S-ICD site.
- Some studies show mobile phones and portable music players can affect the device if held within 15cm (6 inches).

Medical and dental tests and treatments

- Always let the medical and dental staff know that you have an S-ICD.
- Take your ID card with you to the hospital.
- You can have an MRI scan with an S-ICD. The pacemaker team and the MRI department will need to take precaution.
- X-rays, CT scans, and mammograms are generally safe.
- Some machines that help nerves and muscles (called TENS units) can sometimes affect your device. This depends on where they are used. If someone suggests this treatment, ask your clinic first.
- If you need an operation you must tell your surgeon and anaesthetist about your S-ICD. We may need to switch off your device's ability to deliver shocks during the operation. We do this using a special programmer or a magnet, especially when a tool called diathermy (cautery) is used.

Shop doorway security systems

- There is a very small risk of interference walking through security doorways. Make sure to walk through these at a normal pace and do not linger.

Magnets

- Do not carry magnets or place them over your chest.
- Avoid carrying stereo or hi-fi speakers as they have strong magnets that can interfere with your device.
- Magnets can temporarily stop therapies.

Arc welding

- This should be avoided.

Physical activity

- It is usually safe to exercise. But the right answer depends on your heart problem and the type of exercise you do. Ask your doctor what is best for you.
- The likelihood of a heart rhythm problem during exercise is very small. But when it does happen, it is often because of an abnormality of heart function and not the S-ICD.
- This is very important if your heart was badly hurt by a heart attack or if you have a weak heart muscle (called cardiomyopathy).
- Doing light or medium exercise is usually no more risky than resting. But some kinds of exercise can make the risk higher. Ask your doctor which exercises are safe for you.
- If you start hard exercise without warming up, or stop suddenly without cooling down, your chance of a heart rhythm problem goes up. Always warm up before and cool down after exercise.
- In cardiac rehabilitation exercise programme, where a warm-up and cool-down are the norm, heart rhythm problems rarely happen.
- After about 4 to 6 weeks, try to do a bit more activity if you can. This helps you get stronger.
- You might be offered a program called cardiac rehab or an exercise test. This helps you feel confident and return to your normal activities.

How might exercise affect my S-ICD?

- Your S-ICD detects abnormal heart rhythms in many ways. One way is through the speed of the heart during the heart rhythm problem.
- Most rhythms treated with S-ICDs will be a lot faster than your normal heart rate would reach, even with hard exercise.
- Sometimes your S-ICD needs to be set to tell the difference between exercise and a heart problem. Before doing more than light exercise or exercise to lose weight, ask your cardiologist, arrhythmia nurse, or cardiac physiologist on how you can safely make your heat beat.
- If you are concerned, you may also be referred to an exercise specialist within the Cardiac Rhythm Team if you live in Leicester; Leicestershire or Rutland and to a local Cardiac Rehabilitation Team if you are outside of these areas.
- If you would like to know how your S-ICD has been set up, your cardiac physiologist/nurse can give you this information.

Is there any exercise I definitely cannot do?

- If you are anxious about taking exercise, it may be a good idea to have someone with you at first. The aim is for you to be able to exercise independently with confidence.
- It is advisable to carry your S-ICD card with you at all times. This is in case you need to be taken to hospital for any reason.
- Do not take part in any contact sport and/or any competitive high-intensity sports.
- You should always contact your Device Clinic before taking part in any sport/activities. They will be able to talk about any possible risks with you on a personal basis.
- Your S-ICD is very strong, but if the skin over it gets bruised or broken, it can cause an infection. Infections can be hard to treat, so take care of the area.
- You might not be able to get insurance for winter sports like skiing or other extreme sports. This is because a shock from your device could put you or others in danger. Sometimes insurance is possible for people who have an S-ICD just as a precaution, but you need to check first.
- You can swim after you have fully healed. Do not swim alone in a private pool. Some people have heart problems that can start during swimming (like Long QT Syndrome), so check with your heart doctor first. Snorkeling is not recommended, and you should not do SCUBA diving.
- Only do water sports if someone is with you all the time. They must be able to help you out of the water if your S-ICD gives you a shock.
- You will not be able to take part in any form of competitive motor sport, as you will not be eligible for an appropriate licence.
- Do not play sports or go to places with strong magnets, big electrical fields, or powerful radio signals. Things like radio-controlled planes, cars, or boats can be a problem. Ask your implant clinic if you are not sure.

So, what can I do?

- How much exercise you can do depends more on your heart problem rather than on having an S-ICD. Ask your doctor what is safe for you.
- Your heart problem might make exercise hard because of shortness of breath, feeling very tired, or chest pain. Do not ignore these signs and tell your doctor.
- Research shows that being active is helpful for people with an S-ICD. Exercises like walking, gentle movements, building muscle strength, and stretching are best. These activities are safe, work well, and help you feel better in daily life.
- The most favorable fitness improvements happen with moderate intensity that is done often.
- Begin exercise slowly and increase bit by bit. Use a safe way to check how hard you are working, like your heart rate or how hard it feels.

- Try to keep your exercise heart rate between 60% and 75% of your target heart rate. To find your target, take 220 and subtract your age. If you take beta-blocker medicine, you might not reach these numbers. Instead, aim to make your heart beat about 30 to 40 beats faster than when you are resting.
- Or you can use the body's built-in monitor, which is your ability to rate your own effort or exertion. Imagine that sitting down equals '0 (zero)' effort and a score of 10 equals the 'most extreme' effort you could perform if pushed to do so. Try to keep your effort or exertion below a score of 5.
- The key is to avoid becoming too breathless during exercise. This will sap your strength and overload your cardiovascular system.
- All exercise sessions should start with a warm-up and finish with a cool-down period, both of which should last for 10 minutes. This is so your cardiovascular system has time to adjust to the change in demand.
- The sequence of exercise should vary from arm work to trunk and legwork, with flexibility and coordination exercises following the more strenuous exercises.
- The main part of your workout should be gentle exercises that make you breathe a bit faster (aerobic). Do them in a circuit for about 25 to 30 minutes. Use movements that work more than 1 joint, with some of your body weight and light resistance.
- Do not do exercises where you hold tight or hold your breath. These are not helpful and can be dangerous. Focus on doing the moves well. With practice, they will get easier.
- In general, most exercises should be done standing, with lying down and seated arm exercises kept to a minimum.
- Lifting weights while sitting can make your heart work too hard and may cause heart rhythm problems. If you do seated exercises, keep them easy and do lots of repeats without getting too tired. Gentle leg moves, like lifting your heels one at a time, can help take pressure off your heart when you also move your arms.
- It is normal to move less. Avoid exercise for 4 to 6 weeks after your implant. After your first clinic visit, you can often go back to your normal exercise level.
- Light to medium strength exercises that use normal movements like the ones you do every day are safe for people with an S-ICD. These have worked well for many patients.
- If you stop training, your fitness will drop quickly. Doing moderate exercise, fun activities, or sports most days of the week is good for your health. Try to keep moving.
- Doing 30 minutes or more of exercise without shopping works best. But if you cannot do that, you can split it into smaller sessions of 10 to 15 minutes in the same day. This still helps your health a lot.

Sexual activity

- It is very common to not want to go back to sexual activity. However, the device will not cause any harm to your partner, even if a shock is delivered to you during intercourse.

Automated External Defibrillators (AEDs)

- It is safe to use an automated external defibrillator (AED) on someone who has an S-ICD.
- **Do not place the pads in contact with, or directly over, the device.**
- The pads are often placed on the upper right of the chest and on the left side of the rib cage. This makes sure the device does not get in the way. If someone has an implanted device, you will notice a scar and a bump. Place the pad to the side of the device (about 3cm).
- The shock produced could affect the functioning of the S-ICD. The benefits of using the AED to save someone's life outweigh this possible risk.
- If you get CPR (helping the heart restart) or defibrillation, you should have your device checked afterwards to make sure the settings are still accurate.

If you have any questions or concerns, please contact your cardiologist, the Cardiac Rhythm Management Team or Pacing Clinic.

Planning to deactivate ICD shocks

- People with heart problems who have get a S-ICD may later be diagnosed with progressive heart disease or other life-limiting illness.
- Sometimes CPR may not help or may not be wanted. In this situation, it may be best to deactivate S-ICD shocks. This is to avoid the situation where a person who is dying for another reason gets shocks which are unpleasant but will not save their life.
- These conversations can be difficult and emotional, but it is important to talk about these issues early. Ideally, these talks should take place while the individual is still able to make their own decisions, but in some circumstances, the next-of-kin may need to be involved.
- Switching off shock therapies is straightforward but is not always available out-of-hours. An S-ICD physician or a physiologist has to reprogram the device.

The following points are important:

- The device will no longer give shock therapy in the event of fast abnormal heart rhythms.
- Turning off shocks will not in itself cause death.
- Turning off shocks will not be painful, nor will the failure to shock cause pain.
- The decision is not irreversible. Shocks can be turned back on if the situation changes.
- There will be a plan to make sure healthcare professionals are available to answer questions or concerns that may arise.
- A deactivation request form will need to be filled in, with the involvement of the S-ICD physician.
- The palliative care team may be helpful where difficult decisions need to be made.

Contact details

If you have any questions or concerns about your pacemaker or aftercare, please contact:

- **Pacing Clinic:** Monday to Friday, 9am to 4.30pm, call: **0116 258 3837** (excluding Bank holidays / answer phone available out of hours)
- **Cardiac Rhythm Nurses:** Monday to Friday, 8am to 5pm, call: **0116 258 3848** (excluding Bank holidays / answer phone available out of hours)

Please note these numbers are not an emergency number. Depending on your symptoms please contact your GP or 111 or for medical emergencies call 999.

More information

Heart Rhythm Charity – Arrhythmia Alliance

Email: info@heartrhythmalliance.org Phone: **0178 986 7501**

British Heart Foundation

Website: bhf.org.uk Phone: **0300 330 3311**

DVLA

Email: www.direct.gov.uk/driverhealth

Phone: **0300 790 6806** (car drivers/motorcyclists)

0300 790 6807 (lorry/bus drivers)

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

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