

Implantable Loop Recorder

An introduction to implantable loop recorders (ILRs)

- Fainting can occur in up to 80% of patients.
- The ILR monitors and records any abnormal rhythms.
- The ILR insertion is usually performed as a day case.

What is an implantable loop recorder?

An implantable loop recorder (ILR) or Linq is a device, similar in size to a memory stick, which monitors and records the electrical activity of the heart. The ILR can help to determine if fainting is related to a heart rhythm problem which can occur in up to 80% of patients.

Why do I need an ILR?

You may be experiencing symptoms that have not been detected by previous ECGs or a holter monitor, such as palpitations, dizziness or blackout/ fainting episodes. The ILR monitors and records any abnormal rhythms. If you experience any symptoms you hold the Patient Activator (the size of a computer mouse) over the ILR and press a button on the activator to record your heart rhythm. It is important to carry the Patient Activator with you at all times. A recording will then be stored for analysis later by your device team.

How is the ILR implanted?

The ILR insertion is usually performed as a day case. It is inserted beneath the skin in the upper chest under local anaesthetic (to numb the area of the skin). The procedure takes around 15-20 minutes and the wound is stitched using dissolvable sutures. A small dressing will be applied to cover the area. The procedure involves a small risk of bleeding or bruising and possible infection at the site.

The Reveal LINQ Insertable Cardiac Monitor (ICM) is about 1 cubic centimeter in volume, a third smaller than an AAA battery.



For more information about implantable cardioverter defibrillators see our guide 'All about devices'.

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What happens after it is implanted?

A cardiac physiologist programmes the ILR to required settings just after implantation, which only takes a few minutes. Using your Patient Activator will also be explained to you at this time.

What happens when I get home?

After the procedure you should be able to go home and rest. You may eat and drink as normal and sleep in your usual position at night. The morning after, you can have a wash or a bath, but you must keep the wound completely dry for seven days after the procedure. The wound dressing should remain in place for seven days after the procedure. To help the wound heal, you should avoid raising your arm above shoulder level on the side of the ILR for 48 hours after the procedure. However, it is important to keep gently moving your shoulder, but avoid lifting, pushing or pulling anything heavy until the wound has healed. You will likely be advised to try to avoid placing a seat belt over the implant site for a few days. You will be given an identification card and activator - both of which you should keep with you at all times. The card has the details of your ILR and the contact numbers of your arrhythmia team. If you are admitted to a hospital this card should be shown to the healthcare team looking after you.

How to use the external hand held Patient Activator

- **Record symptom button**
Patient presses button to record ECG when symptomatic
- **Searching**
Flashes blue, indicating the patient should hold the Patient Activator over the Reveal Linq.
- **Success light**
Illuminates green when the symptom is successfully marked.

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- **Connection Slot**

Allows patient to attach the Patient Activator to a key chain, lanyard or other personal item helping to ensure you have the activator with your 24/7.

It is advisable to make a note of why you used the Patient Activator as this information can be used after the ECG has been reviewed at the hospital.

How to use the Carelink patient monitor

Your Carelink monitor is a wireless device which uses a mobile phone signal to enable it to communicate remotely with your arrhythmia team. Your monitor needs to be plugged in, ideally in your bedroom next to your bed. Any automatic recordings from your ILR will remotely transmit to the hospital at around midnight. If you record using your Patient Activator, you can transmit this information using your home monitor to the hospital. This can be done at any time of day, to send a full recording you will need to wait at least 15 minutes after using the Patient Activator for the full recording to be available to send.

Your heart tracings can then be reviewed and sent to your cardiologist or specialist nurse for review.

You will usually be seen by your device team once every 6- 12 months for a review either face to face or via phone.

How and when will my ILR be removed?

Removal will be when your heart's activity has been monitored sufficiently, or it has been three years after implantation. It is similar to the implantation procedure and will usually be performed as a day case.

Always follow specific advice from your cardiologist, device team or cardiac nurse.

What next?

You may be reading this factsheet because you, or someone you know, have been told that you may have cardiomyopathy. Or perhaps you have been recently diagnosed. It can be a difficult time and you may feel overwhelmed. You may have read information about

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the condition that has really worried you. It is natural to have lots of questions, and you may want to talk to someone who understands. Although the possibility of a diagnosis of cardiomyopathy may feel devastating, with the right information and support most people can live full and active lives.

We're here for you

At Cardiomyopathy UK we offer help and support for you and your family. We have information about each type of cardiomyopathy as well as diagnosis, treatment and lifestyle issues. Look on our website or call us for more information. Call our helpline to talk to our Cardiomyopathy UK Specialist Nurses, or scan the QR code below. We can put you in contact with other people affected by cardiomyopathy through our support groups, peer support volunteers and social media. Contact us for more about our services, or look online - www.cardiomyopathy.org

Speak to a Cardiomyopathy UK Specialist Nurse



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