

Complications after implantation of a cardioverter defibrillator – direction of patient education

 Antonela Barišić*

 Željka Božić

Sestre Milosrdnice University
Hospital Centre, Zagreb,
Croatia

KEYWORDS: education, shock therapy, nursing aspects, holistic approach.

CITATION: *Cardiol Croat.* 2022;17(9-10):302. | <https://doi.org/10.15836/ccar2022.302>

***ADDRESS FOR CORRESPONDENCE:** Antonela Barišić, Klinički bolnički centar Sestre milosrdnice, Vinogradska cesta 29, HR-10000 Zagreb, Croatia. / Phone: +385-95-3907-764 / E-mail: antonela.130697@gmail.com

ORCID: Antonela Barišić, <https://orcid.org/0000-0002-3558-2034> • Željka Božić, <https://orcid.org/0000-0003-4574-0793>

Implantable cardioverter defibrillators (ICD) are currently one of the most efficient methods of treating ventricular arrhythmia and enhancing a healthy lifestyle.¹ The ICDs success rate is very high, reaching up to 98%. Besides its function of defibrillating, it also has the function of a single-chamber electrostimulator, so it can accelerate a slow heartbeat. Due to its efficiency and the lesser effectiveness of medications for heavier forms of ventricular arrhythmias, doctors are more susceptible to implanting ICDs to reduce patients' mortality. Treatments with ICD are also connected to the negative psychological states of patients, such as anxiety, depression, panic, and a lower quality of life.² Current research performed on patients with implanted ICDs has shown that 13-38% of patients have shown some form of anxiety from fear and worry, as well as a lack of education about the device. Patients who have an ICD implanted fear mostly shock delivery, the possibility of a malfunctioning device, embarrassment, and death. ICD shock is a unique form of treatment, and it has its consequences in causing psychological disorder. Because of its uniqueness nurses need to care for patient holistically and cater their abilities of education to every patient individually. It is necessary to collect patients' anamnestic data and allow patients to express their opinions and fears about the device to allow the nurse to recognize areas of fear, stress, and worry in the patient and to use their unique abilities in education. When educating the patient before and after implantation, we need to explain the risk during and after ICD implantation. We need to warn him about shock delivery, possible complications, procedures with the wound, how to manipulate the arm on the side of the implanted ICD and educate him to pay close attention to devices and areas that could interfere with the device. Patients who have an ICD implanted are in a constant state of fear, and they need help learning how the device works, how complications could occur, how to prevent them, and how to keep living normally. Due to the specificity of shock delivery, it is necessary to educate the patient about the prevention of injury so that when the signs of shock delivery happen, the patient will know what to do.

RECEIVED:
November 4, 2022

ACCEPTED:
November 10, 2022



LITERATURE

1. Antiarrhythmics versus Implantable Defibrillators (AVID) Investigators. A comparison of antiarrhythmic-drug therapy with implantable defibrillators in patients resuscitated from near-fatal ventricular arrhythmias. *N Engl J Med.* 1997 Nov 27;337(22):1576-83. <https://doi.org/10.1056/NEJM199711273372202>
2. Sears SF Jr, Todaro JF, Lewis TS, Sotile W, Conti JB. Examining the psychosocial impact of implantable cardioverter defibrillators: a literature review. *Clin Cardiol.* 1999 Jul;22(7):481-9. <https://doi.org/10.1002/clc.4960220709>