

Early rehabilitation after pacemaker and implantable cardioverter-defibrillator implantation

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Early rehabilitation following pacemaker (PM) and implantable cardioverter-defibrillator (ICD) implantation represents a crucial step in the treatment of patients with arrhythmias and conduction disorders. While device therapy improves quality of life and survival, it carries procedural risks and require structured recovery strategies. Rehabilitation encompasses not only the physical restoration of function but also patient education and psychosocial adaptation to life with an implanted device¹.

In the early postoperative period, emphasis is placed on vital signs monitoring, wound care, and prevention of complications such as bleeding, infection, or lead dislodgement. At the same time, maintaining upper limb mobility and preventing shoulder stiffness are achieved through light, supervised exercises. A gradual increase in range of motion and physical activity ensures safe reintegration into daily and occupational activities. Beyond physical recovery, structured education is essential. Many ICD patients experience anxiety related to potential shocks, which may limit activity and social participation. A multidisciplinary approach, involving cardiologists, nurses, and physiotherapists, provides comprehensive support to optimize outcomes.

Early rehabilitation after PM and ICD implantation reduces complications, preserves functional capacity, and improves quality of life. Physiotherapists play a pivotal role not only in guiding safe physical activity but also in educating patients for long-term adherence to active lifestyles.

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LITERATURE

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