

## Pacemaker/ICD/BIVI Implant Instructions

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1. You must pre-register at Hoag Outpatient Registration 1-2 days prior to your procedure date. Call (949) 764-8424.
2. The pre-test blood work must be done no more than 2 weeks prior and completed by \_\_\_\_\_ at \_\_\_\_\_.
3. **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE YOUR PROCEDURE.**
4. You may take your usual medications with a small sip of water unless your doctor instructs you otherwise.
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6. Your procedure is scheduled for \_\_\_\_\_.
7. Please arrive at outpatient registration at the hospital by \_\_\_\_\_.
8. Be prepared for an overnight stay in the hospital. Bring personal belongings (i.e. toothbrush, toothpaste, etc.)
9. Please note special instructions if you are taking any of the following:
  - a. **GLUCOPHAGE:** hold this medication the morning of the procedure.
  - b. **INSULIN:** Take ½ of your insulin dose the morning of the procedure and bring the remained of the insulin to the hospital with you.
  - c. **COUMADIN:** You must stop this medication 5 days prior to your procedure.
  - d. **PRADAXA:** You must stop this medication 4 days prior to your procedure.
  - e. **XARELTO:** You must stop this medication 2 days prior to your procedure.
  - f. **ELIQUIS:** You must stop this medication 3 days prior to your procedure.
10. Purchase *Hibiclens* at a local drug store. Wash your torso 1 day prior to the procedure and the morning of the procedure.
11. Please call the office if you have any further questions.

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Heart

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## AFTERCARE INSTRUCTIONS-PACEMAKER/AICD IMPLANT

*These instructions are specific for Newport Heart physicians. Please follow these instructions for care of your incision.*

1. **MEDICATION:** Prescription and directions for medications, including antibiotic.
2. **PAIN:** There may be some pain associated with certain procedures. Your physician may have given you a prescription for medication. If this medication does not provide adequate relief—call your physician.
3. **LITERATURE:** Device booklet and identification card.
4. **DRESSING:** Do not remove large outer dressing.
5. **REPORT:** Report any sign of discolored discharge (yellow, foul odor), excessive swelling, and/or bleeding from site. Elevated temperature > 100.5, shortness of breath, chest pain, dizziness or fainting.
6. **SLING:** Wear sling only during sleeping hours. Do not raise arm on affected side above level of shoulder.
7. **BATHING:** Do not shower, tub bath only. Keep dressing dry.
8. **ACTIVITY:** Please refrain from: driving an automobile until specifically released to do so; sexual intercourse; lifting objects weighing more than 5 lbs or vigorous exercise. Walking is encouraged.
9. **FOLLOW-UP:** You will need to follow up with your physician 2-3 days (after implant) for wound care. Your follow up appointment is scheduled for \_\_\_\_\_ at \_\_\_\_\_.