



Oxford University Hospitals  
NHS Foundation Trust

Cardiac Physiology

# Implantation of an implantable loop recorder (ILR)

Consent information for patients

You may have been experiencing blackouts or palpitations that may indicate you have an abnormal heart rhythm. Your doctor has recommended that you have an implantable loop recorder fitted.

## **What is an implantable loop recorder (ILR)?**

An implantable loop recorder (ILR) is a small, metal, battery-powered device that records your heart rate and rhythm in order to identify any abnormalities. ILR are extremely reliable and sophisticated devices with a battery life of up to 3 years. This makes them suitable for patients who have infrequent symptoms.

## **How does the ILR work?**

The ILR monitors the heart rhythm both automatically and manually.

You should manually activate the ILR when you have any symptoms. This means that a record of the heart rhythm a few minutes before and after the point of activation can be stored.

In addition, please contact the Cardiac Rhythm Management (CRM) team should you experience any symptoms. The team will be able to assess your symptoms linked to any abnormal heart rhythms.

If you suffer with blackouts, this gives you time to recover, and activate the recorder or a relative/friend can activate the recorder for you.

You will be given a remote monitoring device after the ILR has been implanted. Information stored in the ILR is communicated and retrieved through this device placed in your bedroom. The device should be placed within 2 metres of your bed and remain plugged into the mains electricity socket and switched on at all times. This device is able to communicate with the CRM team, using the cellular network to alert them of any events recorded by the ILR.

Your cardiac physiologist will explain the remote monitor device set up along with additional information and reference documents.

## **Implanting the ILR**

The ILR is implanted underneath the skin. It is placed in front of the muscle either on the left or right side of the upper chest, or under the arm on the left side.

Local anesthetic is used to numb the area and to minimise discomfort, and mild sedation is sometimes given. Please let your doctor or nurse know if you would like to have some sedation.

There will be a 1-2 cm scar visible, but every effort is made to minimise this. There may also be a small bump where the ILR is fitted. Please tell your doctor if you have a preference about where the ILR is implanted.

When the ILR has successfully recorded the heart rhythm and a diagnosis has been made, or if the battery runs out, you will then have the choice to have the device removed or replaced, as recommended by your doctor.

## **Benefits of the ILR**

The main benefit from having an ILR is that it will constantly monitor your heart rhythm.

If you have symptoms, and press the activator button, it will store the heart rhythm so that the doctor or cardiac physiologists can review it later.

## **Risks of the ILR**

All medical procedures have a risk of complication. For an ILR these include:

- Bruising over the ILR is common and usually of no consequence. About 1% (1 in every 100 patients) may develop a collection of blood called a haematoma over the ILR, occasionally this needs to be drained.
- There is a less than 1% (1 in every 100 patients) chance of the ILR becoming infected after implantation. To minimise this risk, all patients are treated with antibiotics before and after it is implanted.

Your doctor will recommend that you have an ILR if he/she feels the benefits of this investigation outweighs the risks.

## **Alternatives to an ILR**

Your doctors have recommended that an ILR is the most appropriate investigation for your condition.

If you wish to discuss alternatives, please talk to the doctor before you sign the consent form.

## Following the ILR procedure

- Once fully awake, you should be able to eat and drink.
- You will normally be able to go home on the same day, accompanied by a relative or friend.
- The DVLA ( Driver and Vehicle Licensing Agency) states that you cannot drive if you have been suffering from blackouts. There may be some special instructions about regulations for driving and this information will be given to you by the doctor, nurse or cardiac physiologist.
- You will be given and shown how to use a remote monitoring box that you will be able to take home, this allows the CRM team to monitor your ILR for events.

## How to contact us

To let us know about your symptoms, please contact the CRM team at the John Radcliffe Hospital, Oxford: **01865 220 981**

To let us know of any concerns regarding your remote monitoring system. Please contact: **01865 221 432**

Please note:

The figures quoted in this document are average figures for all cases. Your doctor will discuss any specific and additional aspects of your care with you before the ILR is implanted.

The department where the ILR will be implanted regularly has professional observers. The majority of these observers are health care professionals, qualified or in training and on occasions, specialist company representatives. If you do not wish observers to be present please inform a doctor or nurse.





## Feedback

If you would like to tell us anything about your experience, staff, students and facilities, please speak to a member of the team. Alternatively, you can contact the patient advice and liaison service (PALS).

Telephone: 01865 221 473 or 01295 229 259  
Email: PALS@ouh.nhs.uk or feedback@ouh.nhs.uk  
For more information, please visit: [www.ouh.nhs.uk](http://www.ouh.nhs.uk)

## Further information

For a translation of this document, or a version in another format such as easy read, large print, braille or audio, please telephone: 01865 740 892 or email: [patientexperience@ouh.nhs.uk](mailto:patientexperience@ouh.nhs.uk).

If you would like help preparing for your visit, arranging an interpreter, or accessing the hospital, please visit Patient guide - Oxford University Hospitals ([ouh.nhs.uk](http://ouh.nhs.uk))



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