

DECISION AID | AT-A-GLANCE

Considering an ICD for Reasons Other Than Heart Failure

▶ Why am I being offered an ICD?

Your doctor thinks that you might benefit from having an **implantable cardioverter defibrillator (ICD)** placed. This is because your heart condition makes you more likely to develop a dangerous heart rhythm - one that could cause the heart to suddenly stop beating (called sudden cardiac arrest). This can cause you to die within minutes if not treated.

An ICD is a small, battery-powered device. It can help monitor your heartbeats and correct for these dangerous heart rhythms.

Reason(s) why an ICD is being recommended by your health care team (use this space to write why):



▶ Whether or not to get an ICD is a choice – your choice!

The decision to get an ICD - or not - is yours to make. Either choice, whether it is deciding to get an ICD or not, is reasonable. Be sure to share your feelings and ask questions about the benefits and possible harms of having - or not having - an ICD placed. What matters to you might be very different from what matters to someone else. Make a decision that's right for you by following these steps:



Know there is a decision to be made



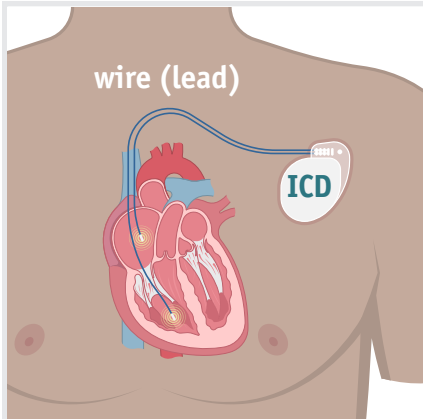
Understand the possible benefits and harms of your options



Think through your values and preferences



Ask any remaining questions you have



▶ How does an ICD work?

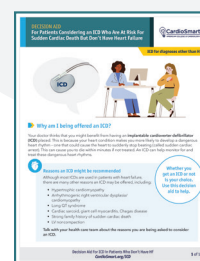
When an ICD senses a dangerous heart rhythm, it gives the heart an electrical shock. This helps reset the heart to beat normally. Some ICDs have wires (leads) that go through the blood vessels and into the heart. Other ICDs are placed outside of the heart.

An ICD is different than a pacemaker. A pacemaker helps the heart beat at a regular pace, but it does not deliver a shock like an ICD.

▶ Questions to talk with your health care team about

- How is the ICD implanted? What is the recovery like?
- What are the pros and cons of having - or not having - an ICD given my condition?
- What type of ICD is best for me?
- Can the ICD be taken out?
- What about turning it off at some point (for example, if I have a terminal illness)?
- How often will I get shocked? What does it mean if I don't get shocked?
- How will having an ICD affect how I manage my other conditions?
- What about my lifestyle (being able to exercise or be intimate, being careful around certain devices/machines, getting pregnant, etc.)?

Our longer decision aid shows pictures of different ICDs and gives basic answers to many of these questions.



▶ Understanding what it means to have an ICD or not

There are two ways to think about what this decision might mean for you. Which option do you relate to more?

Option 1

You may choose to get an ICD.

You may be feeling as you usually do, then a dangerous heart rhythm could happen. The ICD may help you live longer by treating a dangerous heart rhythm. You will continue to live with your heart condition, which may get worse over time.



"I'm not ready to die. I have so much to live for. Even if it means getting shocked, I'm willing to do anything that can help me live longer."

Option 2

You may choose NOT to get an ICD.

You may be feeling like you usually do and then a dangerous heart rhythm could happen. You may die naturally or suddenly from the dangerous heart rhythm, possibly at an early age.



"The idea of dying quickly sounds painless. Going through surgery and getting shocked is not something I want."

What are the main benefits and harms of getting an ICD?



BENEFITS

- An ICD will:
 - Correct for a dangerous heart rhythm.
 - Help prevent sudden cardiac arrest and dying as a result.
 - Collect important information about your heart's electrical rhythms, which can be valuable for you and your care team to know.
- Some patients feel more secure knowing that they have an ICD.



HARMS

- When placing the ICD:
 - 4 out of every 100 patients will experience some bleeding after surgery.
 - 2 out of every 100 patients will have a serious problem like damage to the lung or heart.
- About 1 out of every 100 patients will develop an infection over the life of their device.
- Some patients develop anxiety or depression from being shocked.

Will I live longer with an ICD?

Patients with an ICD are less likely to die suddenly of a dangerous heart rhythm. How much the ICD lowers your risk of dying depends on your specific heart condition. Talk with your health care team to better understand how much an ICD might benefit you.

What does a shock feel like?



It's different for everyone. Patients say that getting shocked is like "being kicked in the chest" or "feeling an electrical current through their chest." It can be painful. Some people pass out due to the dangerous heart rhythm before they are shocked and, therefore, don't remember being shocked.

Will my ICD need to be replaced?



8 to 10
years



ICDs have to be replaced approximately every 10 years when the battery runs out. This requires another surgery, which is done without being admitted to the hospital. Replacing ICD wires is rare but is sometimes required.

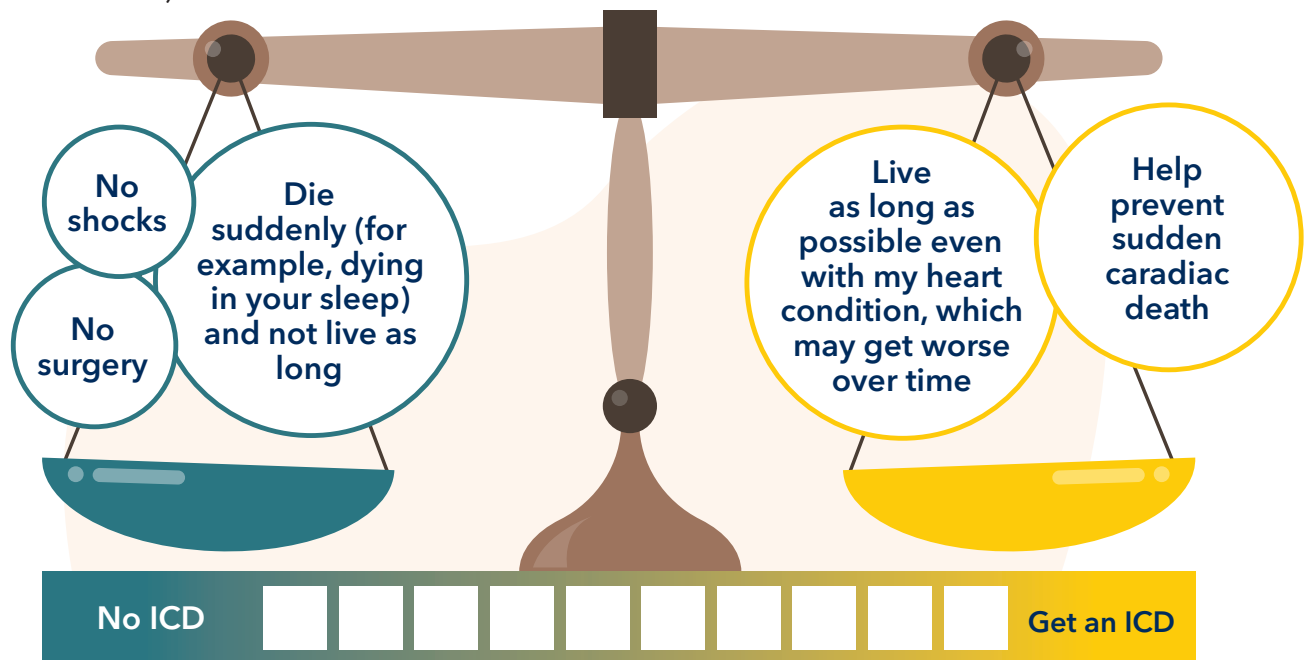
▶ Making a decision with your values and wishes in mind

How important is it to prevent sudden death?

Many people say that this is the most important question for them to consider when thinking about an ICD. Some people are not ready to die and are willing to have surgery and be shocked to have a better chance of staying alive if and when their heart has a dangerous rhythm. For others, it is important to die quickly, and they want to avoid surgery or getting shocked. Knowing what is most important to you can help you figure out which decision is right for you.

On a scale ...

No one can predict the future. But if you were able to choose, how would you like to live out the rest of your life? (Check the box that feels right for you today, knowing your needs and wishes may change over time.)



Talking it through

It may be helpful for you to talk with your family and friends. You may want to share the information in this decision aid with them. Before making your final decision, it's important to follow up with your care team and:

- Ask questions
- Share what worries you most about living with - or without - an ICD
- Speak up if there is any other information that would be helpful to know



Everyone is different. Be sure to talk about your goals and values and other challenges you have. These might influence your decision to get an ICD or not.

Updated: March 2024 (This decision aid will be reviewed annually) | Funded by: American College of Cardiology | Authors: Daniel D. Matlock, MD, MPH; Amanda Crowe, MA, MPH; Megan Coylewright, MD, MPH, FACC; Paul Varosy, MD, FACC; Katherine Doerman Byrd; Bryan Wallace, MPH, PhD(c); Amneet Sandhu, MD, MSc, FACC; Daniel B. Kramer, MD, MPH, FACC.

Conflicts of Interest: All developers - none. The material provided on this guide is intended for informational purposes only and is not provided as medical advice. Any individual should consult with their own physician before determining their treatment options for placing an ICD. To learn more about the ACC, visit [ACC.org](https://www.acc.org) | Copyright © 2024, American College of Cardiology Foundation. This decision aid was created in partnership with the Colorado Program for Patient Centered Decisions.