

**Date:** [Date]

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Hospital Number:** [ID Number]

**Date of Procedure:** [Date]

**To:** [Primary Care Physician Name]

**Subject: Discharge Summary - Implantable Cardioverter Defibrillator (ICD) Insertion**

Dear Doctor,

Your patient was admitted for the insertion of a [Single/Dual/Biventricular] Chamber ICD. The procedure was performed successfully under [Local/General] anesthesia.

**Indication:** [Primary Prevention / Secondary Prevention / Clinical Diagnosis]

**Device Details:**

Manufacturer: [Brand Name]

Model: [Model Number]

Serial Number: [Serial Number]

Leads Positioned: [RV / RA / LV]

**Procedure Outcome:**

The device was tested with satisfactory sensing and pacing thresholds. There were no immediate complications. Post-operative chest X-ray confirmed correct lead positioning and no pneumothorax.

**Medication Changes:**

[List any new medications or changes to existing prescriptions, e.g., anticoagulants]

**Post-Operative Instructions:**

- **Wound Care:** Keep the dressing dry for [Number] days. Stitches are [Absorbable / To be removed on Date].
- **Activity:** Avoid lifting the arm on the side of the device above shoulder height for 4 to 6 weeks. Avoid heavy lifting.
- **Driving:** The patient has been advised regarding DVLA/local driving authority restrictions following ICD implantation.
- **Interference:** Avoid strong magnetic fields and MRI scans unless the device is MRI-conditional and cleared by cardiology.

**Follow-up Plan:**

A wound check is scheduled for [Date]. The first formal pacing clinic appointment is scheduled for [Date/Timeframe]. The patient has been provided with an interim Device Identification Card.

If you have any questions, please contact the Cardiology Department.

Sincerely,

[Doctor Name]

[Title/Position]

[Department]