



A Guide to Your Subcutaneous Implanted Cardioverter Defibrillator (SICD)

Please bring this book with you on the day of your procedure.



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

Table of Contents

Welcome	3
Subcutaneous Implanted Cardioverter Defibrillator (SICD)	4
Preparing for Your SICD	7
Care After Placement of Your SICD	11
Checking Your SICD	14
Answers to Often Asked Questions	17

For a digital copy of this book, please visit go.osu.edu/pted4108.

This resource is for informational purposes only. Talk to your healthcare provider if you have any questions about your care.

For more education, contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

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Welcome

Electrophysiology (EP) focuses on the electrical system of the heart, which controls the rate and rhythm of your heartbeat. Your EP healthcare team is dedicated to providing you with personalized care to treat your symptoms of abnormal heart rhythm, also called arrhythmias or irregular heartbeats.

A SCD is a small device that is implanted below the armpit. It uses electrical pulses or shocks to help control life-threatening arrhythmias.

Please review this book to learn what you need to do to prepare for your procedure.

Call our office if you have questions or if there is anything that you do not understand.



Call with questions

Before procedure:
614-293-7677

After procedure:

- 614-293-5122
- 614-293-4299
option 6, option 3



Scheduling changes

If you need to change your surgery date, please call Scheduling at 614-293-3201.



Driving and parking

wexnermedical.osu.edu/locations



Patient and visitor guide

To help prepare for your visit, go to wexnermedical.osu.edu/patient-and-visitor-guide.

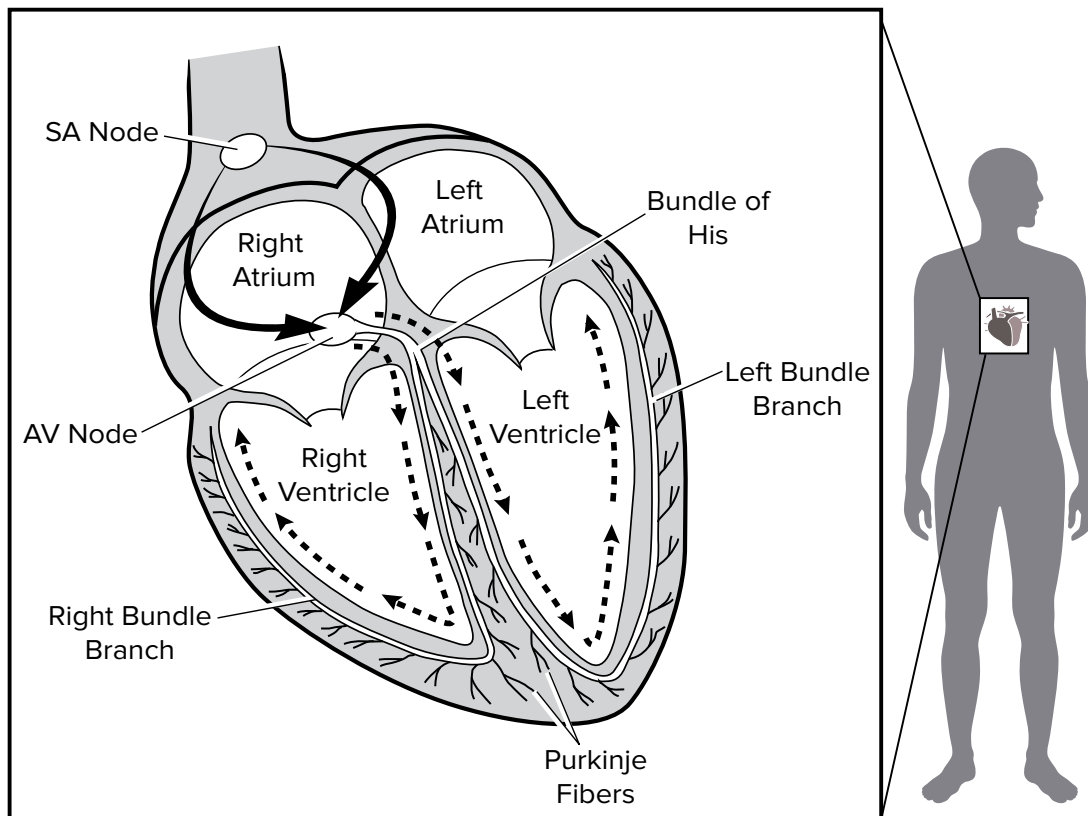
Subcutaneous Implanted Cardioverter Defibrillator (SICD)

A SICD is a small device that is used to help treat arrhythmias. Its generator is implanted just below the armpit and its electrode lies just beneath the skin near the heart. It uses shocks to treat fast heart rhythms that originate from the lower chambers of the heart.

Understanding the heart's electrical system

Your heart has an electrical system that causes the heart muscle to beat. Electrical impulses travel from the upper chambers (atria) to the lower chambers (ventricles) of the healthy heart. This image shows how the impulse travels.

1. Normal heartbeats begin at the **sinoatrial (SA) node**, also called the sinus node, which acts as the heart's natural pacemaker. The SA node generates an electrical impulse that starts each heartbeat.
2. This electrical impulse spreads across the right and left atria, causing the atria to contract and push blood into the ventricles.
3. The impulse then reaches the **atrioventricular (AV) node**, where it briefly slows down. This short delay allows the ventricles time to fill with blood before they contract.



4. From the AV node, the impulse travels into the **Bundle of His**, which carries the signal from the atria to the ventricles. The Bundle of His divides into a right bundle branch and a left bundle branch.
5. These bundle branches conduct the impulse through the **Purkinje fibers**, which spread throughout the ventricles. This causes the ventricles (the lower chambers of the heart) to contract in a coordinated way, pumping blood to the lungs and the rest of the body.

When the heart beats too fast, too slow, or with a skipping (irregular) rhythm, that is called an **arrhythmia**.

SICD Overview

SICDs to treat ventricular arrhythmias

A problem with any part of the heart's electrical system can cause an arrhythmia. Some arrhythmias are more serious than others. SICDs use shocks to treat life-threatening arrhythmias that occur in the ventricles (the heart's lower chambers).

When ventricular arrhythmias occur, the heart cannot pump blood well. You can pass out within seconds and die within minutes if not treated. To prevent death, the arrhythmia must be treated right away with an electric shock to the heart. This treatment is called defibrillation.

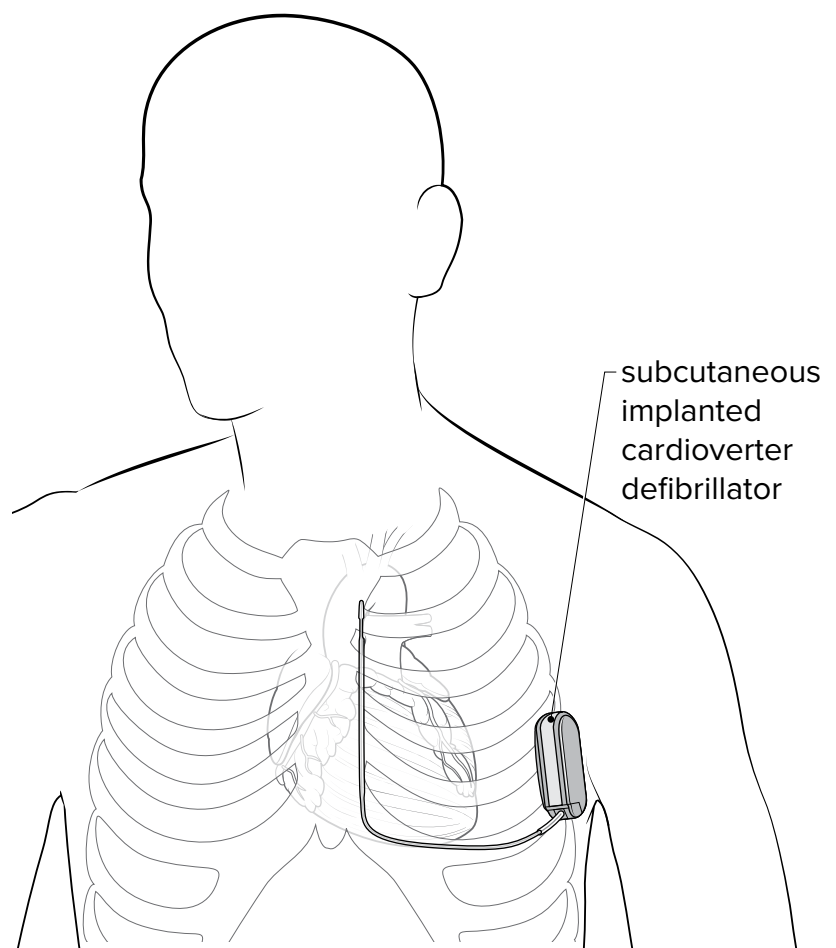
How the SICD device works

The SICD computer monitors your heart rhythm. If the device detects an irregular rhythm in your ventricles, it will give a high-energy shock for defibrillation. A high-energy shock lasts only a fraction of a second, but it can be painful.

The SICD has a generator and a defibrillation lead, which is outside the chest wall. The lead does not enter veins in the chest, nor does it attach to tissue in the heart muscle. The wire connects to a small metal box implanted below your armpit.

The box contains a battery, pulse generator, and a small computer. When the computer detects irregular heartbeats, it triggers the SICD's pulse generator to deliver a shock.

The SICD also can record the heart's electrical activity and heart rhythms. Your healthcare provider will use these recordings to adjust your SICD, so it works better for you.



When are SICDs used?

Your doctor may recommend an SICD if:

- You have had a ventricular arrhythmia before.
- Tests show signs of ventricular arrhythmia or heart damage that would make one likely.
- You have had a heart attack that has damaged your heart's electrical system.
- You have survived sudden cardiac arrest or you have a heart condition that puts you at high risk for sudden cardiac arrest.
- You have heart failure. Heart failure is a condition in which the heart can't pump enough blood to meet the body's needs.

What to expect during surgery

- Placing an SICD requires surgery, which takes about 2 hours.
- Before surgery, an intravenous (IV) line is placed into one of your veins. Medicine is given through the IV line to help you relax. The medicine also might make you sleepy.
- General anesthesia is used during your surgery, so you will not be awake or feel any pain.
- Your doctor numbs the area where he or she puts the SICD, so your pain will be less after surgery. Your doctor may also give you antibiotics to prevent infection.
- An incision is made under your armpit to place the SICD's small metal box.
- The electrode, which is attached to the device, is tunneled across your rib cage to be placed above the heart.
- When the SICD is in place, your doctor will test it to make sure it works well, and then close the incision.
- Some patients are discharged home the day of their surgery, but please come prepared to spend at least one night in the hospital. If you are discharged home the day of surgery, you will need to have an adult take you home for your safety.

Preparing for Your SICD

Medicine changes

Before having the procedure, you may need to make changes to your medicines. Please review this list and ask questions about anything you do not understand.

If you take valsartan/sacubitril (Entresto):

- If your procedure is WITH anesthesia, stop taking 24 hours before procedure.
- If your procedure is WITHOUT anesthesia, do not take morning of procedure.

If you take an ACE inhibitor or Angiotensin II receptor blocker (ARB): Do not take morning of procedure. These medicines include:

- **ACE Inhibitors:** benazepril (Lotensin), captopril (Capoten), enalapril (Vasotec), fosinopril (Monopril), lisinopril (Prinivil, Zestril), moexipril (Univasc), perindopril (Aceon), quinapril (Accupril), ramipril (Altace), and trandolapril (Mavik).
- **ARBs:** azilsartan (Edarbi), candesartan (Atacand), eprosartan (Teveten), irbesartan (Avapro), losartan (Cozaar), olmesartan (Benicar), telmisartan (Micardis), and valsartan (Diovan).

If you take these medicines for diabetes:

Medicine	Change
Oral medicine (pills)	Do not take morning of procedure
Short-acting insulin	Do not take morning of procedure
Long-acting insulin - Type 1	Decrease dose by 20% the night before, then do not take morning of procedure
Long-acting insulin - Type 2	Decrease dose by half the night before, then do not take morning of procedure

If you take any of these oral medicines listed below, stop taking it for the following number of days before the procedure:

Medicine	Having Anesthesia: Number of days to stop taking before procedure	No Anesthesia: Number of days to stop taking before procedure
▸ ertugliflozin (Steglatro)	4 days	1 day
▸ bexagliflozin (Brenzavvy)	3 days	1 day
▸ canagliflozin (Invokana)		
▸ dapagliflozin (Farxiga)		
▸ empagliflozin (Jardiance)		
▸ sotagliflozin (Inpefa)		
▸ semaglutide (Rybelsus)	1 day	1 day

If you use one of these injection medicines, stop taking before your procedure as listed below:

Medicine	When to stop taking before procedure
<ul style="list-style-type: none">▸ dulaglutide (Trulicity)▸ exenatide (Bydureon BCise, Byetta)▸ liraglutide (Saxenda, Victoza)▸ semaglutide (Ozempic, Wegovy)▸ tirzepatide (Mounjaro, Zepbound)	<ul style="list-style-type: none">▸ If you use injection daily: do not use on day of procedure▸ If you use injection weekly for diabetes: stop taking 1 week (7 days) before the procedure▸ If you use the injection weekly for a reason other than diabetes: stop taking for 2 weeks (14 days) before the procedure

Changes to blood thinners (anticoagulant or antiplatelet medicines):

- warfarin (Coumadin, Jantoven): Ask your doctor if you should stop taking your medicine.
- apixaban (Eliquis): Do not take morning of procedure.
- dabigatran (Pradaxa): Do not take morning of procedure.
- rivaroxaban (Xarelto): Do not take dose before procedure.
- clopidogrel (Plavix), ticagrelor (Brilinta), or prasugrel (Effient): DO NOT skip any doses.

Please review your clinic instructions for more on medicine changes.

Take all your other medicines with small sips of water the morning of your procedure unless you are instructed to make changes to them.

Getting your skin ready for surgery

Your surgery involves cutting through your skin. Everyone has germs on their skin, and these germs can cause infection. To help prevent infection, you will need to wash your skin with a special soap, called 4% chlorhexidine gluconate (CHG), before your surgery. This soap kills germs. You may be given the soap or be asked to buy it from a pharmacy. If you need help finding it, ask the pharmacist.

Follow These Instructions

Please call your surgeon's office if you have any questions.

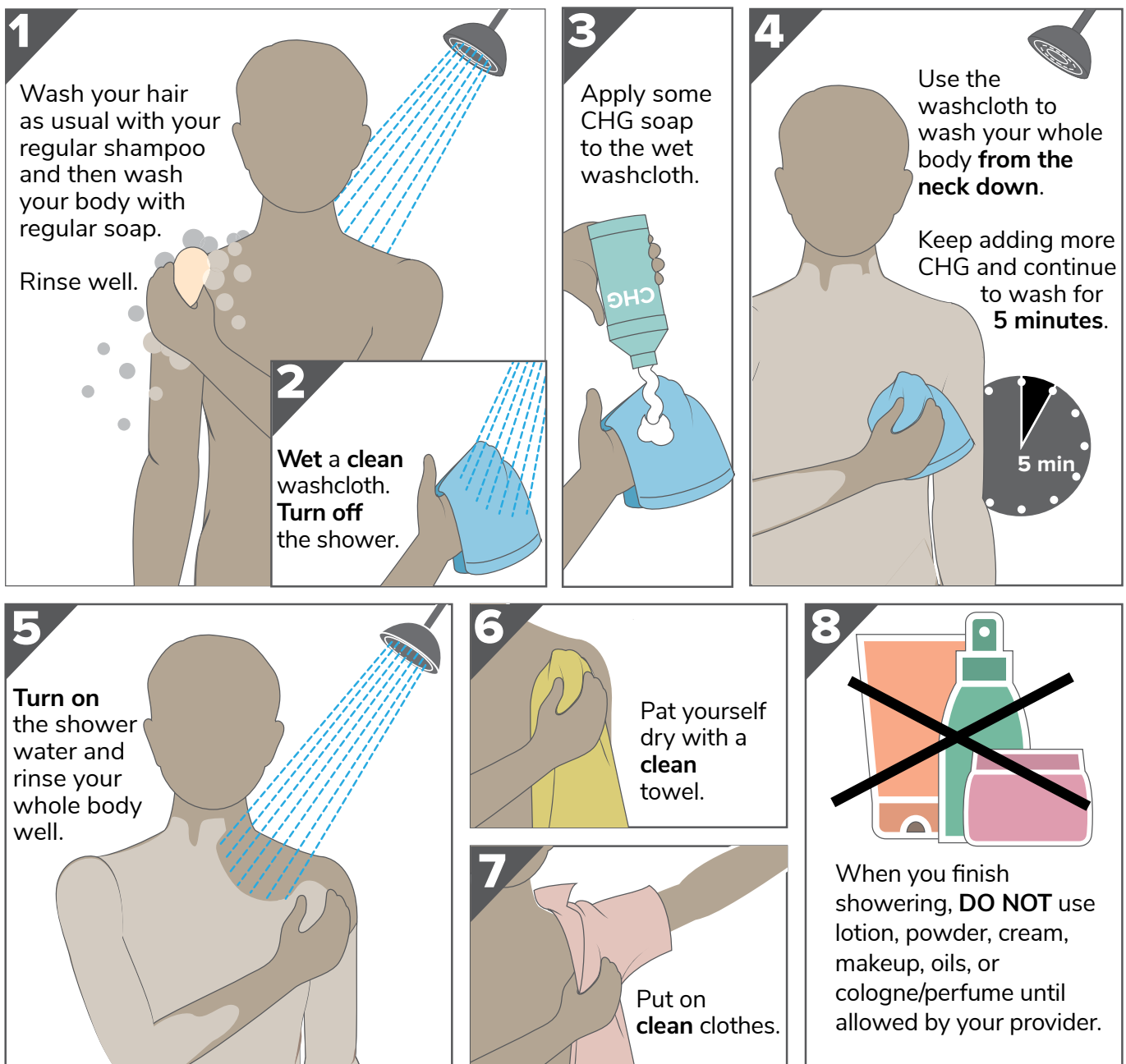
1. **For 1 week before your surgery, DO NOT shave near the site where you will have your surgery.** Shaving with a razor can irritate your skin and make it easier to develop an infection.
 - A pre-surgery nurse may clip hair from your surgery site the day of surgery.
2. **Take 2 showers using CHG soap:**
 - Wash your whole body **from the neck down** with CHG soap **the night before your surgery** and then again **the morning of your surgery.**
 - Use **4 ounces (½ cup) of CHG soap or 4 to 5 pumps of CHG foam** each time you shower.
 - Turn off the shower water while applying CHG soap or step out of the stream of water so that the soap is not diluted.
3. **After showering with CHG soap, DO NOT wash your body with regular soap.** You may wash your face as usual with regular soap.

4. After your shower, pat yourself dry with a clean towel.
5. Put on clean clothes or pajamas. Make sure that your bed is covered in clean sheets.
6. **DO NOT** use lotion, powder, cream, makeup, oils, or cologne/perfume until allowed by your provider.

How to Shower with CHG Soap

Follow the 8 steps in the illustration each time you shower. Remember to:

- Take 2 showers with CHG soap — **the night before your surgery** and then again **the morning of your surgery**.
- Use **4 ounces (½ cup) of CHG soap** or **4 to 5 pumps of CHG foam** each time you shower.
- Wash your body with CHG soap or foam for a **full 5 minutes**. Wash your skin gently **from the neck down**, avoiding your genital and rectal areas. Give the area where your surgery will be done extra attention.



If You Are Not Able to Shower

If you do not have a shower or you are not able to get into a shower, do a sponge bath each time to clean your body. Use **4 ounces (½ cup) of CHG soap or 4 to 5 pumps of CHG foam** each time you take a sponge bath. Before your sponge bath, wash your hair as usual with your regular shampoo.

How to take a sponge bath:

1. First, bathe with a clean washcloth, water, and regular soap. Rinse well with clean water.
2. Then, get a clean washcloth and wet it with clean water.
3. Apply some CHG soap or foam to the wet washcloth.
4. Use the washcloth to wash your whole body **from the neck down**. Keep adding more CHG and continue to **wash for 5 minutes**.
5. Rinse well with another clean washcloth and clean water.
6. Pat yourself dry with a clean towel.
7. Put on clean clothes or pajamas. Make sure that your bed is covered in clean sheets.
8. **DO NOT** use lotion, powder, cream, makeup, oils, or cologne/perfume until allowed by your provider.

If you have any questions about cleaning your skin, call your surgeon's office.

Other instructions

- **Do not eat or drink anything after midnight on the evening before your surgery.** You may take your scheduled medicines with small sips of water the morning of your surgery.
- Wash with CHG soap from your neck down **the night before your surgery** and then again the **morning of your surgery**. See “Getting your skin ready for surgery” below for instructions.
- **Pregnancy:** If you are pregnant, think you may be pregnant, or if you are breastfeeding, please tell your healthcare provider right away.
- **Tobacco use:** Do not smoke or use tobacco products for 24 hours before your surgery.
- **CPAP:** If you use a sleep apnea machine, please bring the device with you. It will likely be used during your surgery and during your stay in the hospital.
- **Overnight stay:** Some patients are discharged home the day of their surgery, but please come prepared to spend at least one night in the hospital.
- **Adult driver:** If you are discharged home the day of surgery, you will need to have an adult take you home for your safety.

Arriving for your surgery

On the day of your procedure, please:

- Please arrive by the time set for your procedure. This is when you need to be at the hospital, so we can prepare you for your procedure. It is **NOT** the procedure start time.
- Register in the main lobby.
- Please allow a full day for the procedure.

Care After Placement of Your SICD

Your incision care

- The SICD may bulge slightly under the skin. This is normal and common right after surgery. This will lessen over the next few weeks.
- You may have bruising around the incision, especially if you take blood thinner medicines, called anticoagulants, such as aspirin or warfarin.
- Itching is a normal part of the healing process. Try not to rub or scratch the incision site.
- **Keep your incision clean and dry.**
- **Wash your hands well with warm water and soap for at least 15 seconds** before or after touching your dressing or incision.
- **Check your site each day and call the Cardiac Device Clinic if you have:**
 - Increased drainage or bleeding at the site
 - An incision that opens
 - Redness, swelling, or warmth at the site
 - A pimple that develops at the incision
 - A thread (suture) along the incision that does not dissolve
 - A fever greater than 101 degrees F (38.3 degrees C)
 - Swelling and color change to the skin of the arm or hand on the device side
 - Abdominal or chest wall thumping or “jumping”
- **You will have an Aquacel dressing in place. Do not remove the dressing.**

General instructions for Aquacel dressing

- **You can take a shower the day after surgery.**
- **When you shower, stand with your back to the water. Do not let the water stream hit your incision directly.**
- **Do not** rub or scrub the incision site while the dressing is in place.
- Gently pat the area dry with a clean towel.
- Avoid soaking the incision site underwater, such as in a bathtub, hot tub, or swimming pool, until the site is healed, often about 14 days after surgery.
 - **Continue to leave the Aquacel dressing in place.** It may start to loosen.
 - **Remove the Aquacel dressing 7 days after surgery.**
 - Wash your hands well with soap and water for 15 seconds before or after touching your dressing or incision.

You may also have Dermabond

You may have a glue on your incision called Dermabond (DERMABOND ADVANCED Adhesive). This will be under your Aquacel dressing.

If you have Dermabond Adhesive on your incision (wound):

- Do not apply liquid or ointment medicine or any other product to your wound while the Dermabond is in place. It can loosen the film before your wound is healed.
- Do not soak or scrub your wound, do not swim, and avoid periods of heavy perspiration until the Dermabond Adhesive has naturally fallen off.
- After showering or bathing, gently pat your wound and Dermabond dry with a soft towel.
- Do not scratch, rub, or pick at the Dermabond Adhesive. This may loosen the film before your wound is healed.
- Protect the wound from prolonged exposure to sunlight or tanning lamps while the film is in place.
- Protect your wound from injury until the skin has had enough time to heal.

Activity restrictions for the next: 7 days 4 weeks

- **Do not** lift, push, or pull any objects heavier than 10 pounds. For example, a gallon of milk weighs about 8 pounds.
- Use your arms, but **do not** raise your device side arm above shoulder level. You may raise your arms to wash or comb your hair, but avoid raising your elbow above your shoulder on the device side arm.
- No vigorous exercise

Driving restrictions

- **Do not** drive for 48 hours after surgery.
- **If fainting was a symptom that caused you to need an SCD, do not drive for one week (7 days)** after your SCD is placed. If you have questions about this restriction, please call your healthcare provider's office.
- **Commercial driving is not allowed after SCD placement.** Discuss driving restrictions with your healthcare provider.

Restarting your medicines

- Take all of your usual medicines as scheduled after the procedure unless you were given other instructions.

Pain relief

- For a few days to weeks after surgery, you may have pain, swelling, or tenderness in the area where your SCD was placed. The pain is most often mild.
- Take acetaminophen (brand name Tylenol Regular or Extra Strength) to relieve tenderness at the incision site. Follow package instructions for dosage. You may have some discomfort for up to 6 months after surgery.

- **Do not** take ibuprofen (brand names Advil and Motrin) and naproxen (brand name Aleve) unless approved for use by your healthcare provider.
- Patients are usually not prescribed pain medicine after this procedure. If your pain has not improved after 72 hours, call the device clinic 614-293-8916.

Call the Cardiac Device Clinic if you have:

- A shock from the SCD. If you have more than one shock in 24 hours, **call 911**.
- Dizziness, light-headedness, or you pass out
- A very fast heartbeat or a heartbeat greater than 125 beats per minute for longer than 5 minutes at rest
- Unusual shortness of breath
- Other signs that concern you

If you have any of these signs and need medical help right away, call 911.

If you have surgery or MRI planned

- **If you are scheduled for surgery, call the Cardiac Device Clinic 614-293-8916 or 1-877-478-2478.** We may need to make special arrangements for you before and after surgery. Please call as soon as your procedure is scheduled.
- **If you are scheduled for an MRI scan, call the Cardiac Device Clinic** to find out if it is safe to have an MRI with the kind of device you have or if your device needs special preparation. Please call as soon as your MRI is scheduled.

What to do if you get a shock from your SCD

- **If you get a shock from your SCD, do not drive** for your safety and the safety of others until your device has been checked, or you have been cleared by your healthcare provider.
- **If you are not sure what to do after a shock from your SCD, call 911.**
- **If you get a shock from your SCD and feel that your heart rhythm is back to normal,** you do not feel short of breath or light-headed, and have no chest discomfort, you do not need to call 911. Sit down and call the Cardiac Device Clinic that day or the next business day.
- **If you get more than one shock from your SCD in a day** or you feel short of breath or lightheaded or have chest discomfort, **call 911 right away.**
- **If you pass out, have someone call 911 and start CPR.** CPR should continue until the rescue squad arrives. If the SCD fires while someone is giving you CPR, they may feel a slight shock. This is not harmful to them.

Checking Your SICD

After placement, your SICD will need to be checked to make sure it is working well. This SICD check, also known as device interrogation, can be done by in-office checks and by remote checks with home equipment.

First office visit

Your first office visit will be 6 to 8 weeks after your SICD implant date. Always bring a list of your medicines to your in-office SICD check. The Cardiac Device Clinic nurse will use a special device, called a programmer, to check your SICD. It will check:

- The condition of the battery
- The wires (leads) in your heart
- Stored information about your heart rhythm

The nurse will also check to see if the SICD is programmed for your specific needs based on tests that will be done.

The information from your SICD is VERY important and MUST be checked at regular intervals. Every patient with an SICD needs this type of office visit. If your SICD is not checked, your SICD could be at risk for not working well for your needs.

The exam will take about 15 minutes.

Remote (at home) SICD checks

Your next SICD check will be done using the home equipment that is given to you at discharge or mailed to your home. Each manufacturer has special equipment. You will be shown how to use the equipment after your SICD is implanted. Most patients keep this equipment plugged in by their beds.

Why Remote Checks Are Needed

Remote checks are a convenient and safe way to check your SICD. A remote check takes less than 5 minutes, and it is recommended for all patients. Remote checks improve survival rates. They reduce the number of in-office visits and allows for earlier detection of dangerous heart rhythms and other problems. It also reduces the number of emergency department or urgent care visits.

Data Review

Remote checks from your SICD are reviewed by registered nurses (RNs) from our Cardiac Device Clinic, and then passed on to one of our electrophysiology (EP) doctors for review. Our staff will ONLY attempt to contact you if there are any questions or issues from your check.

If you would like to read the results of your device check, these will be available on your MyChart. You can also call the Cardiac Device Clinic if you would like someone to review the results with you over the phone.

Remote Checks Are Not 24-hour Emergency Service

Remember that remote checks are **not a 24-hour emergency service**. If you have symptoms that you think are related to your SICD, please call the Cardiac Device Clinic during business hours at 614-293-8916 or 1-877-478-2478. We will instruct you on whether to use home equipment or come to the clinic for a check.

Go to your closest emergency department or call 911 if you are not feeling well.

Remote Check Guidelines

- Your home equipment sends data from your SICD using a cellular connection to a secured server that is accessed only by our Cardiac Device Clinic staff.
- All data will be reviewed by an RN and an electrophysiology (EP) provider.

Contact Information

It is your responsibility to make sure that we have your most current mailing address and phone numbers in order for us to be able to reach you to discuss the findings of your remote checks. Please contact us if you change home telephone carriers as this may impact your remote check abilities.

Scheduling Your Checks

You will have 4 remote SICD checks done from home each year. You will also have an in-person check done in the office every now and then. This schedule may be adjusted based on your care needs.

All SICD checks will be pre-scheduled appointments. You will be contacted with an appointment even if your SICD is automatically transmitted. You are responsible for either sending or being available for the remote check to gather data on that date. If you do not keep your remote check appointments, you will be removed from the remote service, and you will be asked to have all of your SICD care done in the office.

If you have questions or problems with your remote check, call the Cardiac Device Clinic at 614-293-8916 or 1-877-478-2478, extension 4, Monday through Friday, 8 a.m. to 4:30 p.m. If we cannot resolve your issue, you will be asked to contact the company that made your SICD for help.

Only Send Remote Checks When Instructed

Please do not do a remote check unless you are scheduled to or have talked to the Cardiac Device Clinic and have been instructed to send a remote check. Unauthorized transmissions may result in a delay of treatment or data that has not been reviewed.

Traveling

If you are going out of town, you can take your home equipment with you and send your SICD data at your scheduled time. You can use your equipment within the continental United States, Alaska, Hawaii, and other areas in the world, such as Canada, Mexico, and Europe.

Emergencies

Seek medical help right away or call 911 if you are not feeling well. If you are feeling symptoms that you think are related to your SICD, please call the Cardiac Device Clinic during business hours, and we will instruct you on whether to do a remote check or come in to the clinic for a check. Again, please be aware that **we are not a 24-hour emergency service.**

Clinical Review of Data

Your SICD data will be sent to a secure server where our clinic staff can view it using a password protected website on the Internet. The data will be reviewed promptly by an RN and an EP healthcare provider. Unscheduled checks will be reviewed within 7 to 10 days.

Insurance and Copays

The SICD data we review from your remote check is charged like an in-office appointment. Your insurance company will be billed for the review of your data. You will be responsible for any amount not paid by your insurance provider. **If you have sent an unscheduled check and your insurance carrier denies the claim, you will be responsible for the bill.**

Questions

If you have any questions about your home equipment, these guidelines, or heart health issues, please call the Cardiac Device Clinic during business hours at 614-293-8916 or 1-877-478-2478.



Answers to Often Asked Questions

How long will my SICD last?

Most SICDs last about 5 years, but this can vary.

Are there any household appliances that I should avoid?

There are no household appliances that will negatively impact your SICD.

What tools and equipment should I avoid?

You may operate any normal appliance and most power tools. There are some tools that generate intense electrical fields, such as electric arc welders, automobile ignition systems, and some “spark motor” electric tools. These could cause your SICD to act erratically, resulting in an inappropriate shock.

We recommend that patients do not use arc welders. Caution should be used when using any high power electrical tools. If you are using electrical equipment and become light-headed or feel skipped or irregular heartbeats, turn off the equipment or walk away from it.

Can I continue to work at my job?

If your job does not involve exposure to intense magnetic, electrical, or radar fields, there is often no problem with going back to work. Talk to your healthcare provider about your limitations based on your type of work and your heart problem.

What about medical procedures and tests?

Tell all of your healthcare providers, dentists, and medical technicians that you have an SICD.

Call the Cardiac Device Clinic at 614-293-8916 or 877-478-2478 if you are scheduled for surgery. We may need to make special arrangements for you before and after surgery. Please call us as soon as your procedure is scheduled.

Can I go through metal detectors like at the airport or government buildings?

Most devices will not cause any problems. If the alarm does go off, tell the security personnel that you have an SICD. They will perform a handheld scanner search. The security check should not interfere with the operation of your SICD. Keep your SICD ID card with you for situations like this.

Can I continue to drive a car?

Most patients who are licensed and capable of operating a motor vehicle may continue to drive a car. There are some people who may be at higher risk and will be advised against driving. Discuss any driving restrictions with your healthcare provider. Remember, if you are told not to drive, the danger is not only to you, but to other drivers and pedestrians as well.

My job involves driving commercial motor vehicles. Can I drive?

Commercial driving is not allowed after SICD placement. Discuss driving restrictions with your healthcare provider.

What about sexual activity?

Your SICD will not be affected by, nor will it affect, sexual activity.

Can I exercise and resume my regular activities?

After placement of your SICD, follow the restrictions listed in your post-op instructions. After that time, you should be able to exercise and return to your regular activities as long as you do not exceed your fitness level. Talk to your healthcare provider about specific activities.

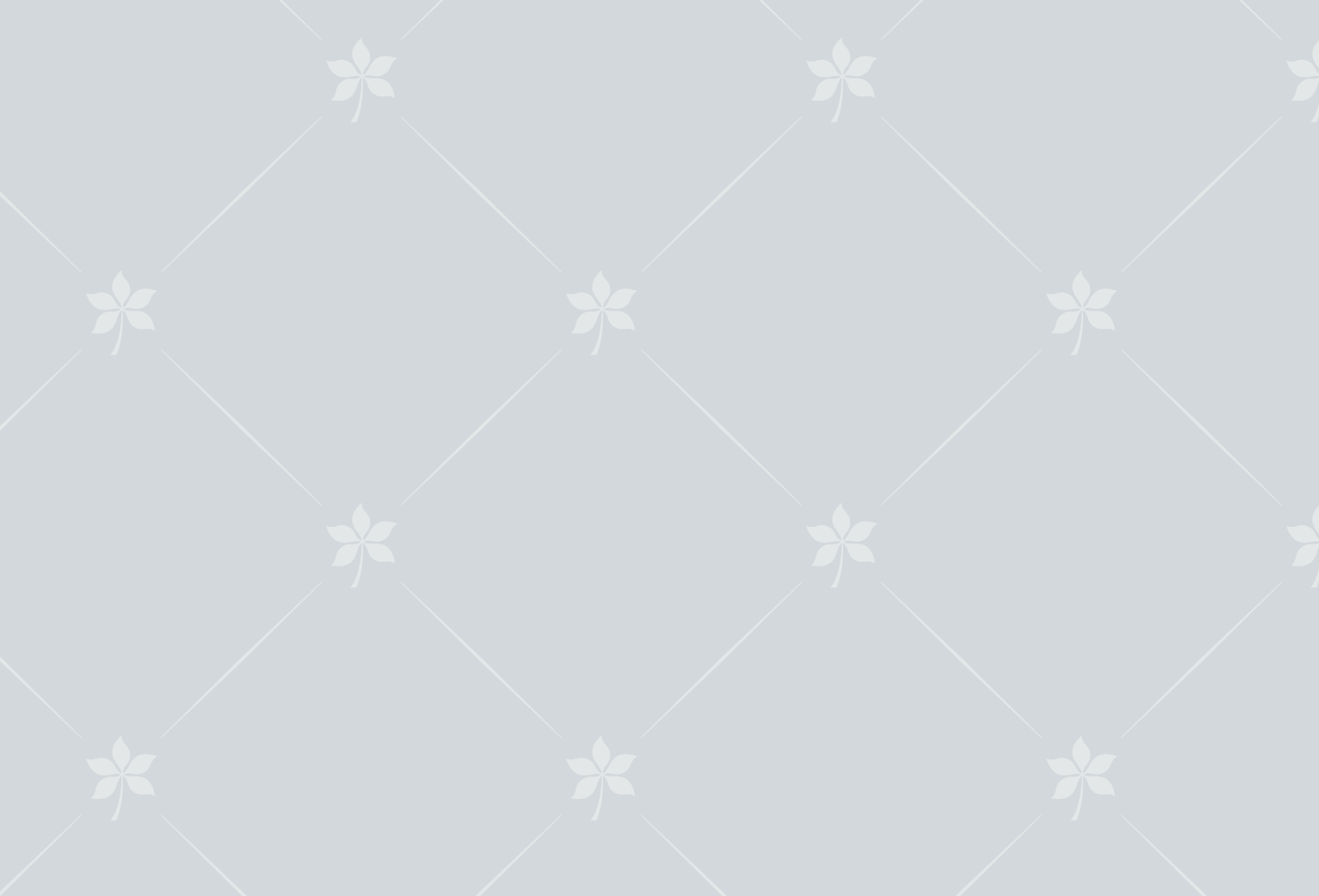
Will items containing magnets affect my device?

We recommend keeping items containing magnets at least 6 inches away from your SICD. This includes cell phones, magnetic therapy products, stereo speakers, and handheld massagers. Do not use magnetic mattress pads and pillows.

Notes



A series of horizontal dashed lines providing a template for taking notes.



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