GUIDANT

DEFIBRILLATOR WITH HEART FAILURE THERAPY

Patient Handbook

Your Device Information

Have your heart doctor or nurse complete the information on this page before you go home from the hospital.

Device Model Number:

_____

Device Serial Number:

_____

Date Implanted:

_____

Programmer System Model Number(s):

_____

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GLOSSARY

arrhythmia: a change from the normal rhythm of the heart beat. The heart may beat faster, slower, or irregularly.

atria: the upper chambers of the heart, specifically the right atrium and left atrium. The atria collect blood as it comes into the heart and fill the lower chambers (ventricles) with blood.

bradycardia: a slow heartbeat, typically less than 60 beats per minute (bpm).

cardiac arrest: the heart beats too fast or stops completely so that no blood is being pumped out to the body.

cardiac resynchronization therapy defibrillator (CRT-D): see defibrillator with heart failure therapy.

cardioversion: interrupting a fast heart rate by delivering a low energy shock.

CONTAK®: Guidant's family of implantable devices designed to treat patients with heart failure.

contraction: the rhythmic squeezing of the heart muscle that causes the blood to be pumped out of the heart chambers and into the body. This contraction produces a heartbeat.

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defibrillation: stopping a very fast heart rate by delivering a high-energy electrical shock to restore the heart's normal rhythm.

defibrillator with heart failure therapy: an implanted device designed to help the heart pump more effectively by coordinating the left and right ventricular contractions. It also treats abnormal heart rhythms by delivering an electric shock to stop rapid and irregular heartbeats and return the heart to a normal rhythm.

device: also called a pulse generator. The part of the system that contains the electronics and the battery; it is usually implanted under the skin in the upper chest area.

diathermy: a medical procedure that uses an electrical field to apply heat to tissues in the body.

electrocardiogram (ECG/EKG): a printed recording that shows your heart rhythm and how electrical impulses travel through your heart.

electromagnetic interference (EMI): an electromagnetic field that interferes with the operation of a device; this happens only on very rare occasions.

electrophysiology (EP) test or study: a test where leads (wires) are inserted into the heart to identify and measure the type of electrical signals in the heart. The test results can help a doctor recognize an abnormal heart rhythm,

determine how well medications work, and decide what treatment is best. The test also can be used to see how well a device operates during an abnormal rhythm.

heart attack: also called myocardial infarction (MI). This occurs when an artery on the surface of the heart becomes blocked. As a result, blood does not get to some parts of the heart and some of the heart tissue dies.

heart failure: a medical condition in which the heart muscle is unable to pump enough blood to meet the body's needs.

heart failure therapy: the device monitors your heart's signals and coordinates the ventricles to help them contract at the same time, allowing the heart to pump more effectively.

heart rhythm: another word for heartbeat.

implantable cardioverter defibrillator (ICD): an internal device that delivers an electric shock to stop rapid and irregular heartbeats and return the heart to a normal rhythm.

lead: an insulated wire that carries the heart signal to the device and energy from the device to the heart to coordinate contractions or treat an arrhythmia. The leads may be placed inside a heart chamber, in a vein on the surface of the heart, or on the outside surface of the heart.

magnetic resonance imaging (MRI): a diagnostic test that uses a strong electromagnetic field.

myocardial infarction (MI): see heart attack.

pacemaker: an implanted device that paces the heart when the natural rate is too slow to pump enough blood to the body.

programmer: microcomputer-based equipment used to communicate with the device during testing and follow-up exams.

pulse generator: see device.

sinoatrial (SA) node: the small area in the upper right chamber of your heart that normally generates an electrical impulse. This impulse runs through the heart and causes the heart to beat.

sudden cardiac death: a death due to electrical problems in the heart. Sudden cardiac death is usually caused by ventricular tachycardia or fibrillation.

ventricles: the lower chambers of the heart, specifically the right ventricle and the left ventricle. The right ventricle sends blood to the lungs, and the left ventricle pumps blood carrying oxygen to the rest of the body.

ventricular fibrillation (VF): a very fast, irregular heart rate caused by abnormal impulses starting from several areas in the ventricle. A heart in fibrillation may beat over 300 times a minute and is unable to pump any blood to the body.

ventricular tachycardia (VT): a fast heartbeat caused by abnormal impulses coming from a single area of the ventricle.

1 INTRODUCTION

Heart failure is a condition that affects more than 10 million patients worldwide. In cases of heart failure, the heart muscle is weakened and is unable to pump enough blood to meet the body's needs.

Your doctor has determined that you have a form of heart failure. To help reduce your symptoms associated with heart failure, your doctor has recommended a CONTAK® defibrillator with heart failure therapy. Your doctor may also call this device a cardiac resynchronization therapy defibrillator (CRT-D). This device is designed to treat life-threatening heart rhythms. It is also designed to help your heart pump more effectively and meet your body's need for blood flow.

This booklet will tell you about your heart and how these devices are designed to work with your body. It will also answer many typical patient questions. If you have more questions after reading this material, discuss the details of your particular situation with your doctor.

The glossary is located in the front of this book and provides explanations to many of the words you will see in the upcoming pages as well as those you may hear from your doctors or nurses.

When is This Device Used?

Your doctor has decided that you should receive a defibrillator with heart failure therapy because you have a risk of sudden cardiac death due to ventricular rhythm disturbances. Sudden cardiac death occurs as a result of an electrical problem in the heart. You also have heart failure symptoms despite drug therapy. Your ventricles might not contract at the same time to meet your body's need for blood flow. Refer any questions you may have on when this device is used to your doctor.

When is This Device Not Used?

There are reasons why a patient should not receive a defibrillator with heart failure therapy. Overall, patients whose ventricular rhythm disturbances or heart failure have a reversible or temporary cause should not receive this device. Also, patients whose heart failure is not treated with drug therapy should not receive this device. Ask your doctor about any questions you might have on these reasons.

Benefits and Risks

As a person with heart failure, you may experience symptoms associated with this disease that can affect your quality of life. This device is designed to monitor and treat your heart rhythm problems, reducing the risks associated with them. It is also designed to reduce your symptoms associated with the heart failure disease. However, there are risks associated with this device.

Some risks encountered during the implant procedure include but are not limited to the following: infection, tissue damage, and kidney failure. Also, the lead could poke a hole in a vein on the outside of the heart.

Some of the risks encountered after the device is implanted include but are not limited to the following: The lead(s) may move out of place in the heart. The electrodes on the lead or the pacing pulses may cause an irritation or damaging effect on the surrounding tissues, including heart tissues and nerves. The device might not have the ability to detect or appropriately treat your heart rhythms. Also, you may receive inappropriate shocks.

Ask your doctor for more information on the benefits and risks associated with this device.

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Warnings and Precautions

When you have this device, there are certain things you need to know and certain hazards that you need to avoid. In Chapter 6, you will find examples of what you need to keep away from so your device is not affected by these influences.

Caution: You should keep away from sources of electrical or magnetic fields. Electromagnetic interference (EMI) might cause the device to deliver too few or too many therapies. (Page 36)

Caution: Don't stand near anti-theft devices in doorways of department stores and public libraries because they are sources of EMI. (Page 38)

Caution: Avoid security searches with a handheld wand. Handheld wands used in airport security could turn off your device if the wand is held over it for a period of time (about 30 seconds). (Page 38)

Caution: Keep your cellular phone at least 6 inches (15 cm) away from your device. Your cellular phone is a source of EMI and could affect your device's operation. (Page 39)

Caution: Tell your dentist and new doctors that you have a defibrillator with heart failure therapy because some of the equipment used in medical procedures might affect the device. (Page 40)

If you have questions about a particular situation or piece of equipment, contact your doctor or call Guidant's Technical Services at 1-800-227-3422 (1-800-CARDIAC).

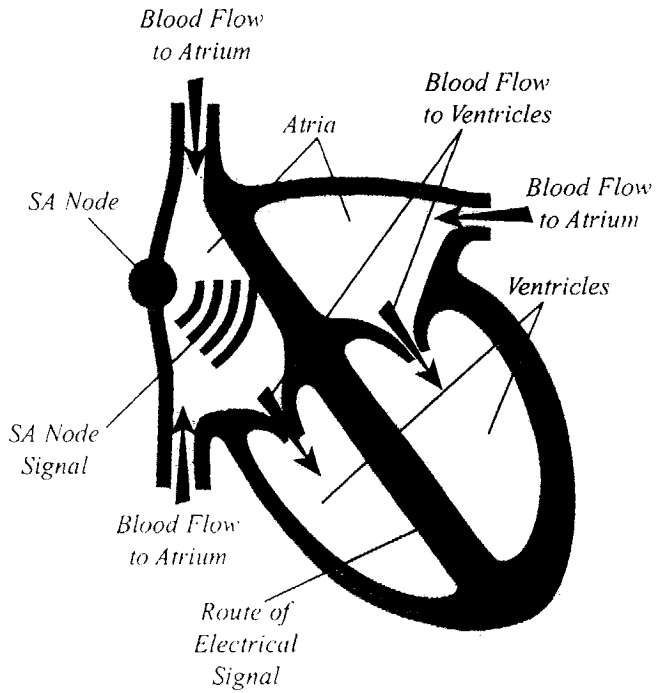

Figure 1. The heart and its blood flow.

2 YOUR HEART

The heart is a remarkable organ. It beats more than 100,000 times per day, pumping blood and oxygen to the entire body. To do its work, the heart uses a system of electrical signals and muscle contractions.

The heart is a muscular organ composed of four chambers (Figure 1). Blood that is returned to the heart enters the upper two chambers (atria). The blood then flows into the lower two chambers (ventricles). The ventricles are the larger pumping chambers that send blood to the lungs and throughout the rest of the body.

Your heart rate indicates how slow or fast your heart is pumping blood. Heart rate is normally controlled by the heart's natural pacemaker located in the atrium. This natural pacemaker, called the sinoatrial node (SA node), is a small cluster of specialized cells that produce electrical signals. The SA node automatically increases your heart rate in response to your body's needs—for example, during exercise, when more blood flow is required.

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When the SA node sends its signal, the atria contract. This moves blood from the atria into the ventricles. The electrical signal then travels to the ventricles, causing them to pump together and deliver blood to the lungs and the rest of the body. This cycle of events produces your heartbeat.

What is Heart Failure?

The heart may begin to fail for a variety of reasons. For example, muscular damage from a heart attack or from prolonged periods of pumping against high blood pressure in the arteries can weaken the heart.

Over time, the heart muscle weakens and becomes enlarged. Then the ventricles cannot contract with the same strength or coordination as before. As a result, the heart chambers may not completely empty with each beat, and blood and oxygen flow to the body are poor.

This failure of the heart to pump efficiently and meet the body's needs is known as heart failure. When the brain and other parts of the body do not get enough blood and oxygen, you may feel short of breath, tired or faint. Medications are often used to treat heart failure and its symptoms. However, some people might also need a device designed to help the heart beat more efficiently again. This device stimulates the heart to help the ventricles pump in a coordinated manner.

Heart Failure and Arrhythmias

People with heart failure may also experience abnormal, irregular heartbeats called arrhythmias. Arrhythmias, which are caused by abnormal electrical signals, may also prevent the heart from pumping enough blood throughout your body. Your device is designed to monitor and treat rhythm problems and reduce the risks associated with them.

Ventricular Tachycardia

Sometimes your heart's electrical signals may come from one of the ventricles instead of the atrium (Figure 2). This arrhythmia is called ventricular tachycardia (VT).

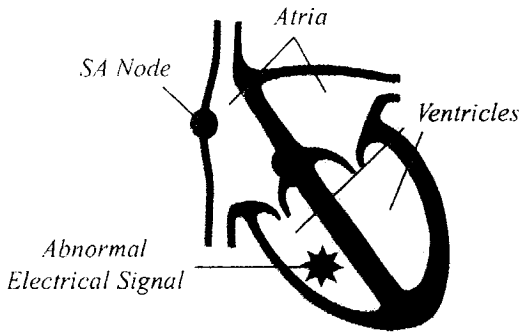

Figure 2. An abnormal electrical signal can cause an arrhythmia in your heart.

The fast signal causes the heart to pump irregularly. As the heart beats faster, it pumps less blood and oxygen to the body. If this rapid heartbeat continues, you may feel skipped beats or dizziness. This could eventually lead to unconsciousness and cardiac (heart) arrest.

This abnormally fast heartbeat sometimes can be stopped or prevented with medicines. In other cases, electronic devices can be used to return the heart to a more normal rhythm.

Ventricular Fibrillation

Another type of arrhythmia is ventricular fibrillation (VF). Irregular signals come from several spots in the ventricles sometimes causing a heartbeat over 300 beats a minute (Figure 3).

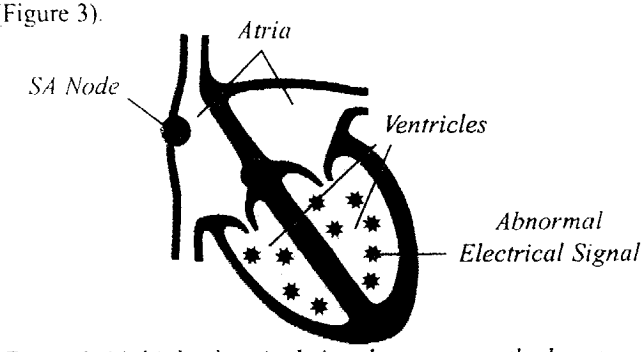

Figure 3. Multiple electrical signals can cause the heart to beat very fast, sometimes over 300 times a minute.

Because very little blood is pumped from the heart to the rest of the body, you can become unconscious very quickly and possibly have a cardiac (heart) arrest.

Like VT, VF can be treated with electrical devices that produce an electrical shock that passes through the heart. The shock stops the abnormal signals and returns the heart to a more normal rhythm.

The next chapter will give more information on how your device treats arrhythmias.

3 YOUR IMPLANTED DEVICE SYSTEM

What is an Implanted Device System?

An implanted device system is designed to monitor and treat your heart conditions. The system implanted in your chest includes a pulse generator, also called a device, and three leads, which are connected to the device.

The Defibrillator with Heart Failure Therapy: The device is like a small computer that runs on a battery (Figure 4). It monitors your heart's function and sends electrical signals to help the muscle contract.

This device can also store information about your heart's condition. This information allows your doctor to better evaluate your heart rhythms. Your doctor can also determine if the programmed treatment is successful and change the device settings if your condition changes.

The Lead System: Leads are insulated wires that are placed in your heart. The leads receive the heart's electrical signals and carry that information to the device. They also carry the electrical impulses from the device to the heart to coordinate contractions.

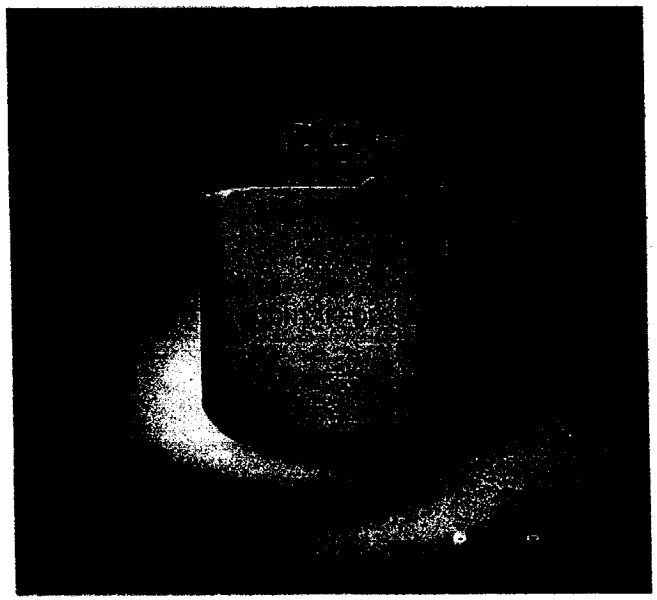

Figure 4. A Guidant defibrillator with heart failure therapy.

Types of Therapy and What They Feel Like

Your device is designed to constantly monitor your heart rhythms and automatically deliver signals to your heart according to how your doctor has programmed the device for your needs. The types of therapy your device provides are listed below.

Antitachycardia Pacing (ATP): If your arrhythmia is fast but regular, the device can deliver a series of small, rapid pacing pulses to interrupt the arrhythmia and return your heart to its normal rhythm. You may not feel the pacing therapy, or you may have a feeling of fluttering in your chest.

Cardioversion: If your arrhythmia is very fast but regular, the device can deliver a low-energy shock to stop the arrhythmia and return your heart to its normal rhythm. Many patients say these low-energy shocks are mildly uncomfortable, like a thump on the chest.

Defibrillation: For arrhythmias that are very fast and irregular, high-energy shocks are used to stop the arrhythmia and return your heart to its normal rhythm. Many patients faint or become unconscious shortly after a very fast VT or VF rhythm starts.

As a result, patients do not feel these high-energy shocks. Some patients describe the sudden but brief shock

as a "kick in the chest." While many find the shock reassuring, other patients may be upset for a short time after the shock is delivered.

Heart Failure Therapy: To help treat heart failure, the device monitors your heart's signals and coordinates electrical impulses for the right and left ventricles to help them contract at the same time. The electrical impulses used for heart failure therapy are very low energy and typically are not felt by patients.

Bradycardia Therapy: If your heart signals are too slow (a condition called bradycardia), the device can also send signals to the upper chamber and lower chambers to tell them to contract more frequently to meet your body's needs. This can help maintain the rate of the heartbeats until the body's natural pacemaker is able to take control. Electrical pulses used to pace the heart typically are not felt by patients.

In considering your needs for both arrhythmia and heart failure therapy, your doctor will select the best types of treatment and programming for you.

Implanting Your Device System

An implant of the system is generally done by inserting the leads into a vein, usually through a small incision near your collarbone (with local anesthetic). The doctor then passes each lead through the vein and into position (Figure 5).

Two leads are positioned inside the chambers on the right side of the heart—one lead in the right atrium (upper chamber) and the other in the right ventricle (lower chamber). The tips of these leads rest directly against the inner heart walls.

A third lead is placed within a coronary vein, a vein that lies on the outside surface of your heart. This vein is on the heart's left side.

In some cases, a patient may need to have the lead for the left side of the heart placed through an incision on the side of the chest instead of through a vein. If this type of chest surgery, called a thoracotomy, is an alternative, your doctor will discuss it with you.

After the leads are in position, the device and leads are tested to make sure they record your heart signals clearly. The device is then placed in position, usually below the collarbone just beneath the skin.

After the procedure, you will be monitored for the first day or two in the hospital. When you are stronger, you will be allowed to return home.

Your doctor will determine the best approach for implanting your device and leads. Please consult with your doctor about the risks associated with the implantation of this system.

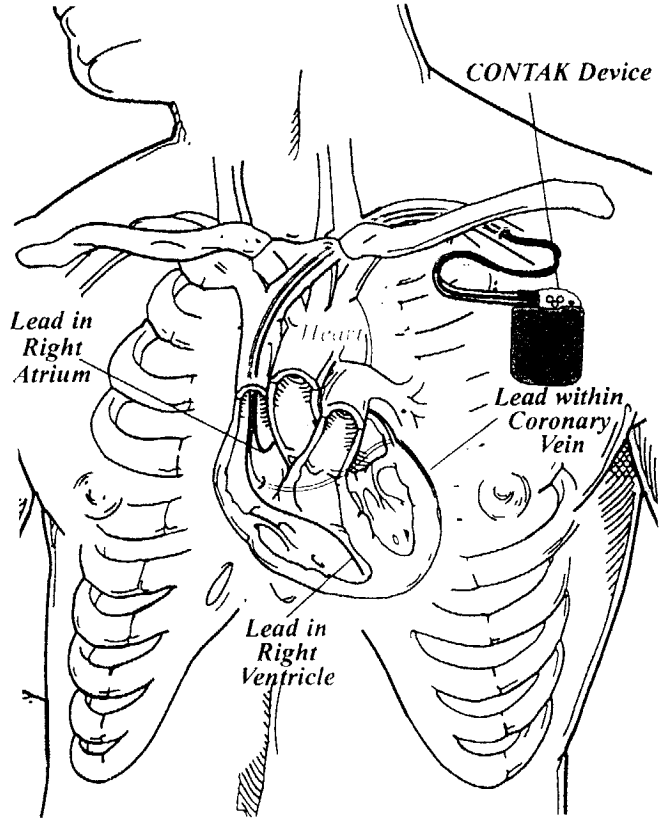

Figure 5. Implanted device system.

4 GOING HOME

What to Expect After the Implant

It is important that you become actively involved in your own recovery by following your doctor's instructions, including:

- Report any redness, swelling or drainage from your incisions.
- Avoid lifting heavy objects until instructed by your doctor.
- Walk, exercise and bathe according to your doctor's instructions.
- Contact your doctor if you develop a fever that does not go away in two or three days.

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- Ask your doctor any questions you may have about your device, heart rhythm or medications.
- Don't wear tight clothing that could irritate the skin over the device.
- Avoid rubbing the device or the surrounding chest area.
- If directed by your doctor, limit arm movements that could affect the lead system.
- Avoid rough contact that could result in blows to your implant site.
- Tell your other doctors, dentists and emergency personnel that you have a defibrillator with heart failure therapy.
- Contact your doctor if you notice anything unusual or unexpected, such as new symptoms or symptoms like the ones you had before you received the device.

Medications

While your device is designed to help treat your heart condition, it is likely that you will continue to need certain medications as well. It is extremely important that you follow your doctor's instructions regarding any medications.

Activities and Exercise

Your doctor will help you decide what level of activity is appropriate for you. Discuss questions about traveling, working, hobbies, resuming sexual intimacy and other lifestyle questions with your doctor.

Your Identification Card: Don't Leave Home Without It

Whether you are going away for the weekend or running a quick errand, take along your Guidant Medical Device identification card to alert medical and security personnel that you have an implanted defibrillator with heart failure therapy.

At the time you receive your device, you will be given a temporary Guidant device identification card. After your implant, Guidant will mail you a permanent Medical Device Identification card within 6–8 weeks (Figure 6).

Your Medical Device Identification card contains your name, doctor's name and phone number, and the model numbers of your leads and device. It also contains important instructions for emergency personnel, should you need treatment.

If you move or select a new doctor, please call Guidant Medical Records at 1-800-728-3282 to update your records. When you notify us of a change, we will send you a new identification card reflecting these changes.

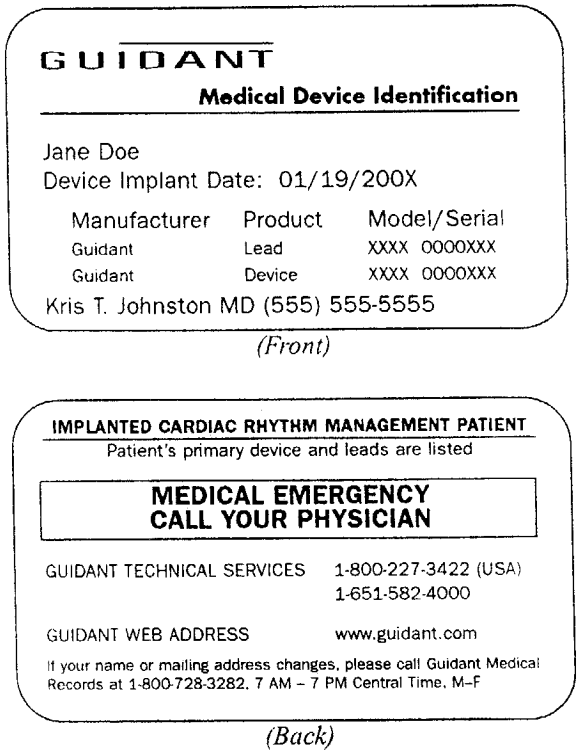

Figure 6. Medical Device Identification Card.

5 LIVING WITH YOUR DEVICE

Your Responsibility

Your device will monitor and treat your heart automatically. But it is important to follow your doctor's instructions and keep follow-up appointments. You should do the following:

- Ask your doctor any questions you may have about your device or if you notice anything unusual with your device.
- Take the medications prescribed for you as instructed by your doctor.
- Carry your identification cards and medications list with you at all times.
- Tell your family doctor, dentist and emergency personnel that you have a defibrillator with heart failure therapy.

What to Do if You Receive a Shock

While therapy for your heart failure will be ongoing and generally won't cause any noticeable sensations, shock for an arrhythmia may be very noticeable. It is important that you know what to expect and do.

Before you experience symptoms or receive a shock, discuss with your doctor or nurse a plan for contacting your heart doctor and, if necessary, emergency personnel. Use the space in the back of this booklet to write down telephone numbers and information about your current medications. Keep this information near your phone.

If you have symptoms of a fast heart rate, it is likely the device system will deliver therapy within a few seconds. What should you do?

1. Remain calm and find a place to sit or lie down.

2. If possible, have someone who is prepared to provide you cardiopulmonary resuscitation (CPR)—if you should need it—stay with you through the event.

3. Have a friend or family member be alerted to phone for an ambulance if you remain unconscious for more than one minute.

4. If you are conscious but do not feel well after a shock, have someone call your doctor.

5. If you feel fine after a shock and no more symptoms appear, it may not be necessary to seek medical help immediately. However, follow your doctor's instructions for when to call his or her office.

For example, if a shock occurs at night, your doctor may tell you to call the next morning. Someone at the doctor's office will ask you questions such as:

- What were you doing right before the shock?
- What symptoms did you notice before the shock?
- At what time did the shock occur?
- How did you feel right after the shock?

It is possible that you could feel symptoms of an arrhythmia yet not receive therapy. This depends on the programmed settings of your device. For example, an abnormal rhythm may cause symptoms, but it may not be fast enough for your device to deliver therapy. In any case, if symptoms are severe or continue for more than a minute or so, you should seek immediate medical attention.

Special Considerations

Your doctor might ask you to avoid activities during which a few seconds of unconsciousness could endanger you or others. These activities might include driving, swimming or boating alone, or climbing a ladder.

Driving: Driving laws and the symptoms caused by your arrhythmia are often the deciding factors in whether or not you will be allowed to drive. Your doctor will advise you on what is best for your safety and the safety of others.

Sexual Intimacy: For most patients, sexual intimacy is not a medical risk. The natural heart rate increase that occurs during sex is the same as heart rate increases when you exercise. Exercise testing at the hospital will help your doctor program the device settings so you should not get a shock during sex. If you are shocked during sex, your partner may feel a tingling sensation. The shock should not be harmful. Be sure to let your doctor know if you receive therapy so he or she can consider reprogramming the device.

When to Call the Doctor

Your doctor will provide guidelines for when you should contact him or her. In general, phone your heart doctor if you:

- Receive any arrhythmia therapy from your device and have been instructed to call.
- Have symptoms of an abnormal heart rhythm and have been instructed to call.
- Notice any swelling, redness or drainage from your incisions.
- Develop a fever that does not go away in two or three days.
- Have questions about your device, heart rhythm or medications.
- Plan to travel or move.
- Hear any beeping sounds coming from the device.
- Notice anything unusual or unexpected, such as new symptoms or symptoms like the ones you had before you received the device.

Remember that because it has been designed to monitor and treat life-threatening arrhythmias, your device can be a source of security for you and your friends and family.

Follow-up Visits

Your doctor will schedule regular device follow-up visits. It is important that you attend these visits, even if you are feeling well.

Figure 7. Guidant Programmer.

Because your heart condition may change over time, the doctor will check your device and how your medications are helping your heart failure. Your doctor may also make appropriate programming changes in your device.

To check your device, the doctor or nurse will use a small computer called a programmer (Figure 7). The programmer communicates with the device from outside the body through a wand placed over the skin.

Replacing the Device System

A battery, safely sealed inside the device, provides the energy needed to monitor your heart rhythm and to help your heart contract. Just like any other type of battery, the battery in a device wears down over time. Then the device needs to be replaced. The leads implanted earlier are attached to the new device. Your system may also be replaced for other reasons, such as the device, the leads, or both not functioning satisfactorily.

The device replacement procedure will be similar to when you first received your system, as described in the section *Implanting Your Device System* on page 17. If your leads need to be replaced, surgery different than when you first had your leads implanted is required to replace them. How long your device lasts depends on what settings your doctor programs into the device and how much therapy you receive.

6 PRECAUTIONS: IMPORTANT FACTS ABOUT YOUR DEVICE

Operating Household Appliances and Tools

The device has built-in features that protect it from interference produced by most electrical appliances. You can continue to safely operate most appliances, home/office equipment and tools that are in good repair, including the following:

- Microwave ovens
- Major appliances including washers, dryers and electric stoves
- Televisions, AM/FM radios, VCRs, CD players
- Home computers
- Spark-ignited internal combustion engines such as lawn mowers and leaf-blowers

Environmental Influences

Most of the things you handle or work around on a daily basis are not going to influence the device. However, your device is sensitive to electrical or magnetic fields (EMI).

Caution: You should keep away from sources of electrical or magnetic fields. Electromagnetic interference (EMI) might cause the device to deliver too few or too many therapies.

Generally, your device is only affected temporarily by these influences. If you hear beeping tones coming from your device, move away from the object or location immediately. As soon as you move away from the source of the field, your device will resume normal functioning.

As a general rule, avoid the following potential sources of electrical or magnetic fields or keep them at least 12 inches (30 cm) away from your device:

- Stereo speakers that are in large stereo systems, transistor radios, "boom boxes," etc
- Magnetic wands used by airport security, "Bingo" games, etc
- Battery-powered cordless power tools such as screw drivers, drills, etc

Other sources of fields stronger than those listed above should be kept at least 36 inches (3 feet / 90 cm) away from your device:

- Residential power generators
- Industrial equipment such as arc welders, low horsepower motors, and machine shop tools

The distance you should keep the **strongest** sources of electrical or magnetic fields away from your device can vary. This distance can be more than what was listed above (3 feet).

Be sure to move away from the object or location if your device becomes affected by these sources. Some examples of these types of potential sources are as follows:

- Strong magnets, such as those found in industry
- High horsepower motors
- Transmitting antennas and high-power transmission lines in restricted access areas
- Industrial equipment such as power generators

You should also avoid leaning over any electric motor that is running, such as the alternator of an automobile. These frequently contain magnets and emit magnetic fields.

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Airport Security and Anti-Theft Devices

Caution: Don't stand near anti-theft devices in doorways of department stores and public libraries because they are sources of EMI.

Caution: Avoid security searches with a handheld wand. Handheld wands used in airport security could turn off your device if the wand is held over it for a period of time (about 30 seconds).

Anti-theft devices used in stores are safe, providing you walk through them at a normal pace. For airport security archway alarms, your device has metal inside that may set off the alarm. The security archway will not harm your device.

However, the handheld wand used by airport security personnel could temporarily affect your device or could turn it off if the wand is held over it for a period of time (about 30 seconds). Your device may have been turned off if you hear a change in the beeping tones of your device (for example, from beeping tones to a continuous tone). Contact your doctor immediately if you think this has happened.

Ask to be hand-searched instead of using a handheld wand. If a wand must be used, you should stress to security personnel that the search must be done quickly and not to hold the wand over the device.

Tell security personnel that you have an implanted device and show them your patient identification card. If you have any questions regarding anti-theft devices or airport security, contact your doctor or Guidant Technical Services.

Cellular Phones

Caution: Keep your cellular phone at least 6 inches (15 cm) away from your device. Your cellular phone is a source of EMI and could affect your device's operation.

This interaction is temporary, and moving the phone away from the device will return it to proper function. To reduce the chance of any interaction, follow these precautions:

- Maintain a distance of at least 6 inches (15 cm) between the cellular phone and your device. If the phone transmits more than 3 watts, increase the distance to 12 inches (30 cm).
- Hold the cellular phone on the opposite side of your body from your device.
- Don't carry a cellular phone in a breast pocket or on a belt if that places the phone within 6 inches (15 cm) of your pulse generator.

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These precautions apply only to cellular phones, not to household cordless phones. However, you should avoid placing your household cordless phone receiver directly over your pulse generator.

Dental and Medical Procedures

Caution: Tell your dentist and new doctors that you have a defibrillator with heart failure therapy because some of the equipment used in medical procedures might affect the device.

Some examples of equipment are magnetic resonance imaging [MRI], electrocauery, or diathermy. Dental drills and cleaning equipment will not interfere with your device.

If you have questions about a particular situation or piece of equipment, contact your doctor or call Guidant's Technical Services at 1-800-227-3422 (1-800-CARDIAC).

Summary

The information presented here is intended to help you understand more about your heart condition and your device. If you have questions about what you have read, be sure to ask your doctor or nurse. They are your best resource for information on your particular needs or situation.

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8 PERSONAL INFORMATION

Your Medical Contact Information

Electrophysiologist Name/Phone Number:

Heart Failure Specialist Name/Phone Number

Cardiologist Name/Phone Number:

Medications (list):

Hospital Name/Address/Phone Number:

_____

_____

Emergency Medical Services Phone Number:

_____

Questions to Ask Your Doctor

Use this space to write down questions you want to ask your doctor.

_____

_____

_____

_____

_____

_____

Your Guidant Contact Information

Remember: In case of a medical emergency, always contact your physician immediately.

For questions about your device, please feel free to contact Guidant:

GUIDANT CORPORATION

24-Hours: 1 800 CARDIAC (227 3422)

Worldwide: (1) (651) 582 4000

GUIDANT MEDICAL RECORDS

1 800 PATDATA (728 3282)

7 a.m. - 7 p.m. (Central Time), Monday - Friday

e-mail: medical.records@guidant.com

GUIDANT WEB SITE

www.guidant.com