

# DECISION AID | AT-A-GLANCE

## Considering an ICD for Heart Failure

### ▶ Why am I being offered an ICD?

Your doctor thinks that you might benefit from an implantable cardioverter defibrillator (ICD). This is because having heart failure makes you more likely to develop a dangerous heart rhythm. This type of rhythm could cause your heart to suddenly stop beating. Without quick treatment, you could die within minutes (this is called sudden cardiac arrest).

An ICD is a small, battery-powered device. It can help monitor for and treat these dangerous heart rhythms. It is surgically placed under the skin through a small incision. ICDs are commonly recommended for patients with heart failure.

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

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Life-size ICD image

### ▶ 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. 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. Follow these steps:



**Know there is a decision to be made**



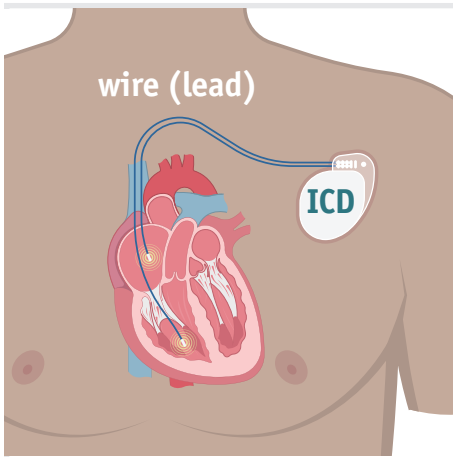
**Understand the possible benefits and harms of your options**



**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.

An ICD does not stop heart failure from getting worse. Its only purpose is to sense a dangerous heart rhythm and reset the heart to beat normally.

## 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?



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.

## ▶ 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 (for example, being able to exercise or be intimate, travel, use of certain devices/machines, getting pregnant)?

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 heart failure, 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 a younger age than you had imagined.



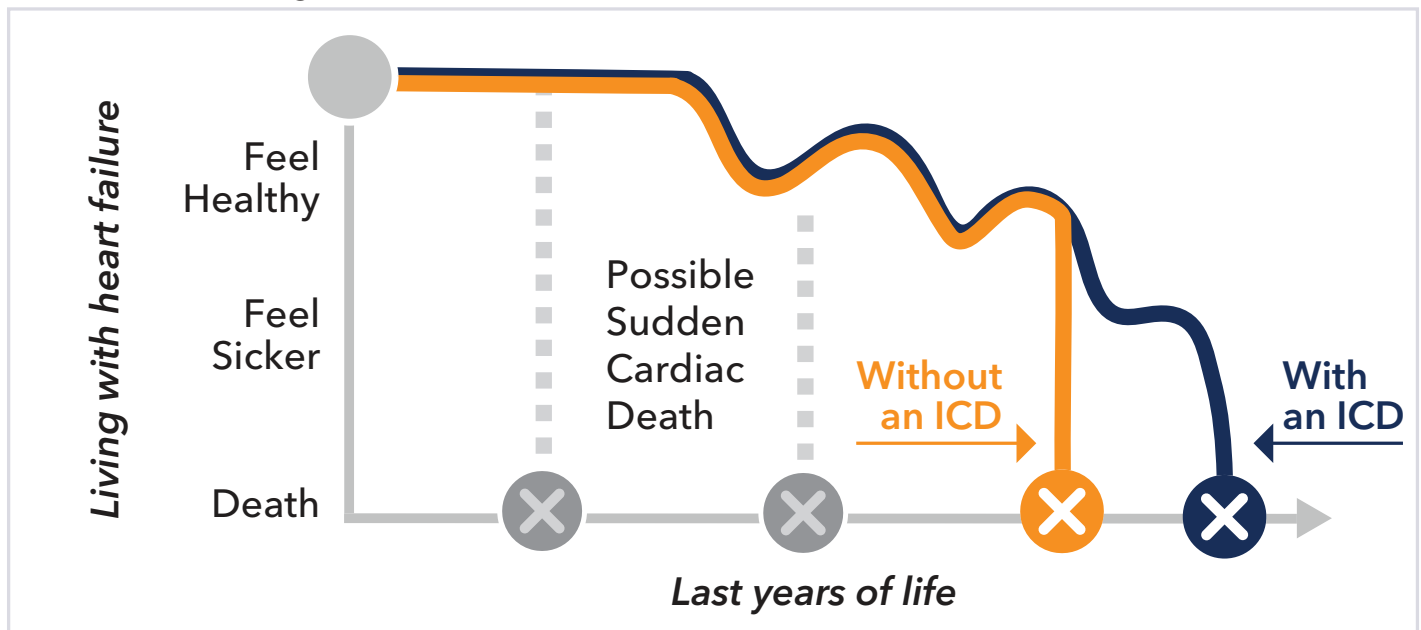
*"The idea of dying quickly sounds painless. Going through surgery and getting shocked is not something I want."*

### Explained another way:

It's not easy, but think about how you might want your final years to unfold. It might be helpful to think about what you are saying "Yes" to:

- Having a quick death with no suffering    **OR**     Being able to live longer

### Here's what that might look like:



## What are the main benefits and harms?



### What are the BENEFITS of getting an ICD?

- ICDs are used to:
  - 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.



### What are the HARMS of getting an ICD?

- 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 worrying about or actually being shocked.

## Will I live longer with an ICD?\*

No one can know for sure what will happen to any one person. Talk with your health care team to better understand how much an ICD might benefit you.

The numbers below are from earlier medical studies. More recent data continue to show there is a benefit to having an ICD, even when someone is on the best combination of medicines for heart failure.\*\*



**Without an ICD:** Patients without an ICD are more likely to die suddenly from a dangerous heart rhythm. Without an ICD, 36 out of every 100 patients with heart failure will die over a 5-year period.



**With an ICD:** Patients with an ICD are less likely to die suddenly of a dangerous heart rhythm. With an ICD, 29 out of every 100 patients with heart failure will die over a 5-year period. This means 7 more patients would live with an ICD over a 5-year period.

### What are the benefits of getting an ICD?

Results from a 5-year study\*



Number of people who live because of the ICD

Number of people who die for any reason

Number of people not affected

**7** lives saved over 5 years by having an ICD.

\*SCD-HeFT. Bardy, GH, et al. NEJM 2005;352:225-237.

\*\*PARADIGM-HF Analysis. Rohde, L, et al. J Am Coll Cardiol HF. 2020 Oct, 8 (10) 844-855.

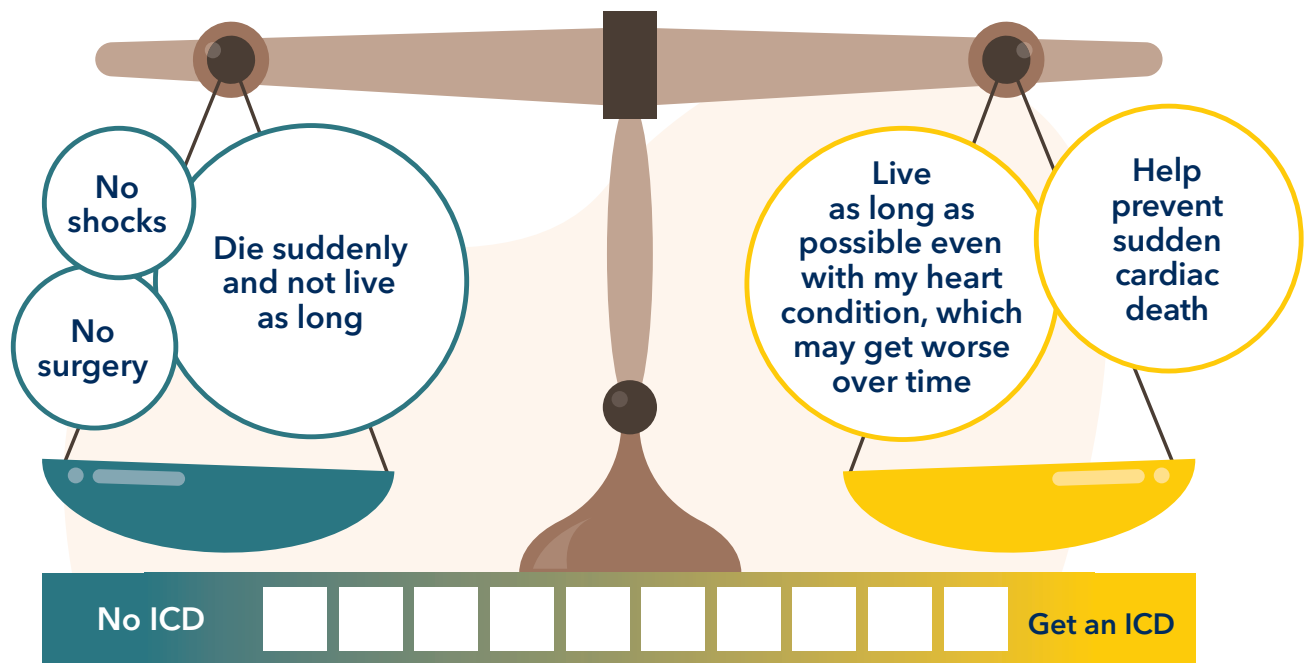
## ▶ Making a decision with your values and wishes in mind

### How important is it to prevent sudden death?

Many people say that this is the most important question to consider when thinking about an ICD. It may be helpful for you to talk with your family and friends.

### 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.)



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:** November 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 Doermann 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.