Safety of Four Hours Bed Restriction Following Cardiac Device Implantation

<u>Samniah, Nemer</u>; Matilsky, Noah; Radzishevsky, Evgeny; Omari, Hatem; Rosenschein, Uri Bnai-Zion Medical Center, Cardiology, Haifa, Israel

Introduction: Implantation of cardiac devices (pacemakers and defibrillators) is a standard procedure, which is performed in most medical centers using the same techniques. However, currently there are no official guidelines for the post-operative care and management of patients with newly implanted cardiac devices.

Objectives: In this study we tested the safety of short compared to long post operative bed restriction after a cardiac device implantation.

Patients and Methods: We enrolled 86 patients, who were blindly randomized to either 4 hours or 12 hours bed restriction after cardiac device implantation. Patients' demographics, clinical background, and comorbidities were recorded. Additionally lead parameters were assessed upon implantation as well as on day one post surgery and on day 7. The primary end point was defined as the need for repeat surgery due to dislodgement or hematoma in the device pocket. Secondary end point was defined as the changes in the electrical parameters of the implanted leads at three different time points; at implantation, one day later and 7 days post implantation in both patients' groups.

Results: During the study 4 patients required secondary surgical procedures due to lead dislodgement in the 12 hours group, while no such events were recorded in the 4 hours group. The change in sensing, pacing threshold and lead impedance did not change significantly over time and there was no significant difference in these changes between the two groups. Conclusion: Four hours bed restriction policy after cardiac device implantation is feasible and seems to be at least as safe as 12 hours bed restriction policy.