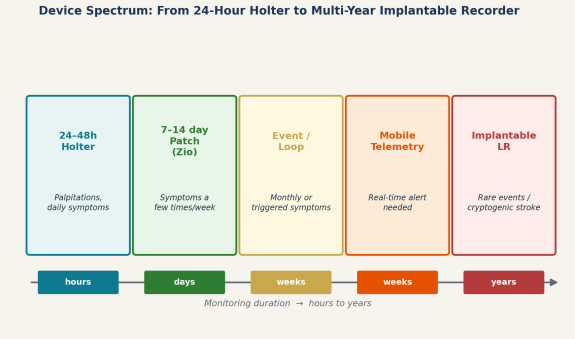
Holter & Event Monitors

How Wearable Heart-Rhythm Recording Works, Which Device You May Get, and How to Help the Test

A Holter or event monitor is a wearable ECG. It records your heart rhythm while you live your normal life. It helps us catch rhythm problems that come and go.



Online: https://go.riasalimd.com/holter-guide

Rias KS Ali, MD FACC

Board Certified in Interventional Cardiology & Cardiovascular Disease

4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com

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Names & Terms You Will Hear

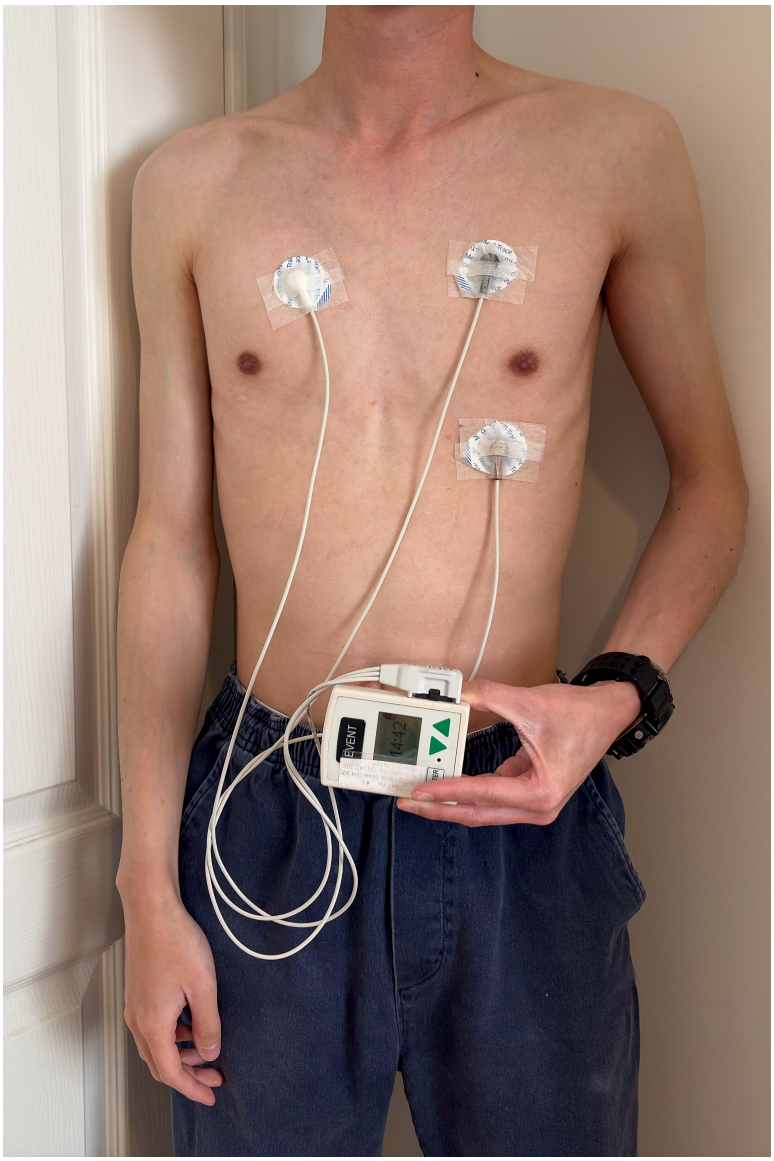
Term	Meaning
Holter monitor	A small recorder worn on the body. It captures every heartbeat for 24 to 48 hours. Wires (leads) connect to sticky patches (electrodes) on the chest. Named after Norman J. Holter, who invented wearable ECG recording in the 1960s.
Ambulatory ECG monitoring	The umbrella term for heart-rhythm recording done outside the office. It records while you move, sleep, exercise, and live your normal life. Holter monitors, patch monitors, event recorders, mobile cardiac telemetry (MCT), and implantable loop recorders (ILR) all fall under this term.
Extended patch monitor (e.g., Zio by iRhythm)	A single-lead, waterproof sticky patch worn for 7 to 14 days. It records every heartbeat on its own. Studies show it finds more arrhythmias than a 24-hour Holter. The longer recording window is the key reason.
Event recorder (external loop recorder)	A device worn or carried for weeks. You turn it on when symptoms happen. Some models run a short loop and save the rhythm on their own when they detect an event — so they catch episodes you did not feel.
Mobile cardiac telemetry (MCT)	A device worn for weeks that sends the ECG in real time to a care center. Staff can call you or your doctor right away if a dangerous rhythm is found. This is the key benefit over devices that only store and upload data later.
Implantable loop recorder (ILR)	A matchstick-sized device placed just under the skin of the chest. It records for up to three years. It is used for rare events — such as fainting months apart or AF screening after a stroke with no clear cause. The Reveal LINQ (Medtronic) is the most widely used ILR in the US.
Cryptogenic stroke	A stroke or mini-stroke (TIA) with no cause found after a full workup. About 25% of strokes are cryptogenic. Long-term heart monitoring — often with an ILR — finds AF in roughly 25–30% of these patients at 3 years. Finding AF changes treatment to blood thinners.

Term	Meaning
PVC burden	The share of heartbeats in a 24-hour period that are premature ventricular contractions (PVCs) — extra beats from the lower chambers. A PVC burden above about 15–20% may affect heart function in some patients. It may lead to more tests or treatment.
Symptom-rhythm correlation	The main goal of most wearable ECG monitors. We compare the time you pressed the symptom button to what the ECG shows. Normal rhythm during symptoms rules out a heart-rhythm cause. An arrhythmia at that same moment confirms it as the cause.
AF burden	The share of time the heart spends in atrial fibrillation (AF) during the recording. This helps guide decisions about cardioversion, ablation, and blood thinners. Even short AF episodes with no symptoms count toward risk.

The key question this test answers: What is your heart rhythm doing at the exact moment you feel symptoms? The monitor cannot answer that without a symptom diary. Write the time and description of every episode, even brief ones. Matching your symptoms to the ECG is the whole point.

Holter & Event Monitors?

- A Holter or event monitor is a wearable ECG. It records your heart's electrical rhythm while you go about your normal day. The goal is to catch rhythm problems that come and go — palpitations, dizziness, fainting, or fast or slow heartbeats that are not present when you sit in the office.
- The shortest monitors (24–48 hour Holters) record everything for two days. The longest (implantable loop recorders, or ILRs) record for up to three years. Patches, event recorders, and mobile cardiac telemetry (MCT) devices fill the middle.
- Sticky patches (electrodes) sit on your chest and connect to the recorder. For external monitors, you wear or carry the device, then return it when done. For an ILR, a small device is placed just under the skin in a short office visit.
- The key question is: what is your heart doing when you feel your symptoms? The most helpful thing you can do is keep a symptom diary. Write down the time and what you felt for every episode.
- Ambulatory ECG monitoring is one of the most common tests in cardiology. It is safe and non-invasive. It does not limit your daily activities. Millions of recordings are done each year in the United States.



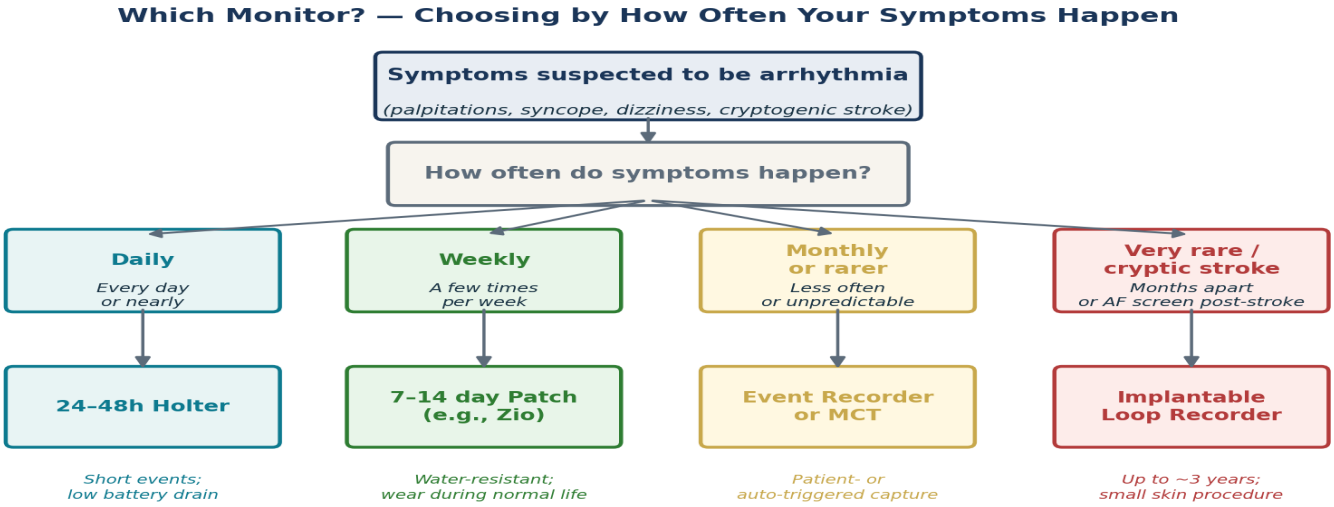
A real 3-lead Holter monitor. Three sticky electrodes on the chest connect by thin wires to a small pocket-sized recorder, which is worn or carried for the length of the study. Image: K6ka (Enoch Leung), Wikimedia Commons 2025 (CC BY-SA 4.0).

Device Comparison — Ambulatory ECG Monitors at a Glance

Device	Wear time	Continuous?	Water-resistant?	Best for
24–48h Holter	24–48 h	Yes	No	Daily symptoms; PVC burden; rate control check
Extended patch (Zio)	7–14 days	Yes	Yes	Weekly symptoms; AF detection; post-ablation follow-up
Event / loop recorder	Weeks	Auto + triggered	Varies	Monthly symptoms; patient-triggered capture
Mobile cardiac telemetry (MCT)	Weeks	Real-time TX	Varies	Higher-risk symptoms; real-time monitoring center response
Implantable loop recorder (ILR)	Up to ~3 years	Yes	Yes (implanted)	Cryptogenic stroke; very infrequent syncope; long-term AF burden

Why It Matters

- Many arrhythmias only happen during certain times — while you exercise, sleep, or at random. A resting ECG in the office lasts about 10 seconds. It will miss nearly all rhythm problems that come and go.
- Ambulatory monitoring can find — or rule out — AFib, SVT, VT, pauses, and other rhythm problems. Finding the cause of palpitations, dizziness, or fainting changes treatment for many patients.
- For patients who had a stroke with no clear cause (cryptogenic stroke), long-term monitoring for AF is now a standard step. The CRYSTAL-AF trial found that an ILR detected AF in about 30% of these patients at three years. Finding AF changed their treatment to blood thinners.
- A normal result is also useful. If you feel symptoms during the recording and the ECG is normal at those exact moments, a heart-rhythm cause is very unlikely. That result redirects the search to other causes.
- Monitors can also track how well a treatment is working. Rate-control drugs, antiarrhythmics, or ablation can all be checked. A follow-up recording shows whether the AF burden is lower or the heart rate is on target.



How often do your symptoms happen? Daily symptoms point to a short Holter. Weekly symptoms point to a patch. Monthly or rarer symptoms point to an event recorder, MCT, or ILR. Cryptogenic stroke goes straight to long-term monitoring.

Risk Factors

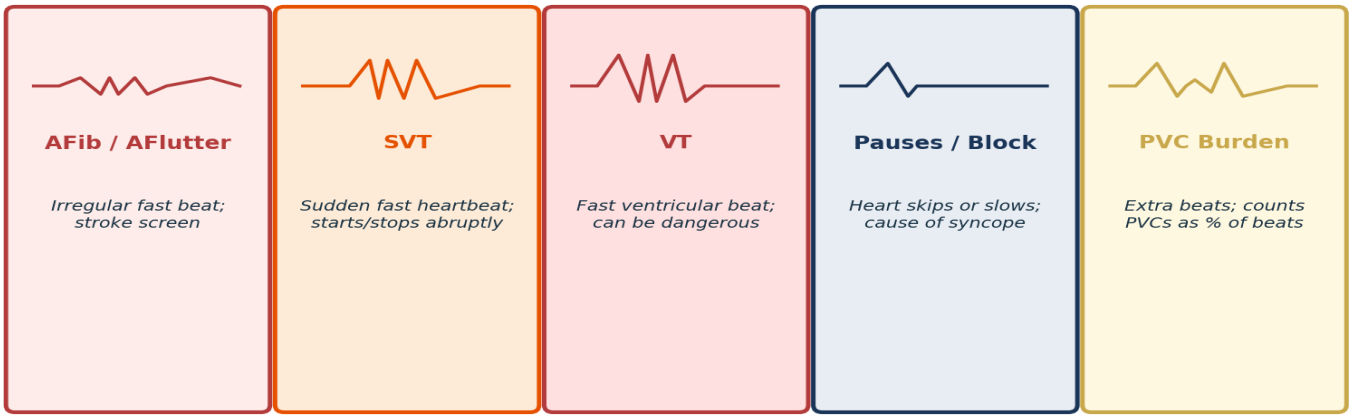
Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Palpitations	Awareness of a fast, fluttering, or pounding heartbeat — the most common reason for a wearable ECG. A 24-hour Holter is often the first step if symptoms happen every day or nearly every day.
Unexplained syncope or near-syncope	Fainting or near-fainting with no clear cause. If syncope happens monthly or less, an event recorder or MCT works better than a short Holter. Very rare or unexplained fainting after a full workup may call for an ILR.
Cryptogenic stroke or TIA	A stroke or mini-stroke (TIA) with no cause found. Long-term AF screening with a patch monitor or ILR is now standard. The CRYSTAL-AF trial supports ILR monitoring for at least three years.
Dizziness or lightheadedness with activity	These symptoms may reflect a brief slow heart rate, a pause, or SVT. The type of monitor depends on how often this happens. The goal is to capture the rhythm during the exact activity that causes symptoms.
Known arrhythmia — rate and rhythm check	After starting a rate-control or antiarrhythmic drug, a Holter or patch can confirm the heart rate target is being met. It also checks that the drug is not causing new pauses or QT changes.
PVC burden count	Frequent extra beats (PVCs) can cause symptoms. At a high burden (above 15–20%), they may affect heart function. A 24-hour Holter counts the total PVCs and their pattern — key for ablation planning.
Post-ablation rhythm monitoring	After catheter ablation for AFib or SVT, a recording at 3 and 12 months checks for recurrence. Guidelines recommend at least 3 months of monitoring.

Treatment Options

- Electrode placement: the team places sticky electrode patches on your chest and connects them to the recorder. A small area of chest hair may need to be shaved for good contact.
- Activity: live normally during the recording. That is the whole point — the monitor needs to capture your real life. Walk, climb stairs, work, and sleep. Exercise as you normally would unless told otherwise.
- Symptom diary: this is the most important thing you can do. Every time you feel something — a flutter, a thump, dizziness, or chest tightness — write the exact time and what you felt. Press the event button if the device has one.
- Water rules depend on the device. A traditional Holter (wired device) is not waterproof — no shower or bath. Patch monitors (Zio and similar) are water-resistant — you can shower normally. Ask the team about your specific device.
- Magnets and strong electric fields: stay away from MRI machines and detectors that send strong magnetic pulses. Airport screening, cell phones, and most home appliances are fine.
- Returning the device: at the end of the wear period, remove the electrodes (usually painless) and return the device or mail it as instructed. Patch monitors are typically mailed; Holters are returned in person.
- Results: the recording center reviews the full ECG tracing and sends a report. Your doctor's office usually gets results within a few business days. We will contact you if a finding needs prompt attention.
- If the device falls off or stops working early, call our office. Do not try to re-apply loose electrodes yourself. We can reschedule if needed.

What These Monitors Can Find



Five main rhythm problems these monitors are designed to find. Each has its own ECG pattern. The monitor records your rhythm at the moment of symptoms. The team then matches your diary to the tracing.

Keeping a Symptom Diary — The Most Useful Thing You Can Do

- Write the time as precisely as you can — even 'about 2:30 PM' helps. The team matches your diary entry to the ECG second by second.
- Describe what you felt: fluttering, racing, skipping, pounding, pausing, chest tightness, dizziness, or shortness of breath. Your own words are fine.
- Note what you were doing: sitting, walking, climbing stairs, exercising, sleeping, eating, or feeling stressed. This context helps interpret the rhythm.
- Describe how it started and stopped. Did it come on suddenly or gradually? Did it stop on its own or after you lay down? These details help tell SVT apart from other causes.
- If your device has an event button, press it every time you feel something. You cannot over-mark. A clean ECG at a marked event is still useful.
- If your device has an app, use it to log symptoms with a digital timestamp. Digital times are more exact than handwritten notes.
- Do not try to trigger or avoid triggering the arrhythmia. Live normally. The monitor is here to watch your real life.

Water rules — ask about your specific device. Patch monitors (Zio and similar) are water-resistant and can be worn in the shower. Traditional Holter monitors with wires are not waterproof. If you are not sure, call our office before getting it wet. A ruined recording means restarting the full wear period.

Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
24–48h Holter vs extended 7–14 day patch	Both are safe and non-invasive. Holter wires can feel bulky; patch monitors are smaller and more comfortable. Patch monitors are water-resistant. Holters are returned in person; patches are mailed.	The Holter records everything in 24–48 hours — good for daily symptoms. The patch records for 7–14 days and finds two to three times more arrhythmias than a 24-hour Holter when symptoms happen weekly or less often.	If both are negative but you had symptoms during the recording, longer monitoring (event recorder, MCT, or ILR) is the next step. Smartwatches can add context but are not a substitute.
Event recorder vs mobile cardiac telemetry (MCT)	Both are worn for weeks. Event recorders store and upload data at set times. MCT sends data in real time to a care center staffed around the clock.	Event recorders cost less and are simpler to use. MCT adds the ability to act right away if a dangerous rhythm is found. A center tech can call you or your doctor immediately. MCT is preferred when symptoms could signal a serious arrhythmia.	For lower-risk symptoms — rare palpitations, no prior VT, no fainting — an event recorder is usually enough. MCT is the better choice for higher-risk cases.

Option	Risks	Benefits	Alternatives
External long-term monitoring vs implantable loop recorder (ILR)	External monitors require wearing a device and are limited to about 30 days. An ILR needs a minor procedure — local anesthetic and a small skin cut, about 10 minutes — to place the device. A small scar remains.	The ILR records for up to three years without any effort on your part. It is the most sensitive option for rare events. In the CRYSTAL-AF trial, ILR found AF in about 30% of cryptogenic stroke patients at 3 years, versus about 9% with standard follow-up.	If symptoms happen monthly or more, a 30-day external monitor is tried first. For cryptogenic stroke or very rare unexplained fainting, the ILR offers the best chance of a clear answer.
Prescribed wearable ECG vs consumer smartwatch ECG	A smartwatch has no medical risk — it is just a watch. Prescribed monitors require electrode patches and brief daily upkeep.	Consumer smartwatches (Apple Watch Series 4+, Samsung, Fitbit) record a single-lead ECG or detect pulse changes. The Apple Heart Study showed the watch could spot AF with about 84% accuracy. These are useful as a screening aid.	Smartwatches are not FDA-cleared replacements for prescribed monitoring. They cannot detect VT, pauses, detailed SVT, or PVC burden. A prescribed monitor produces a full ECG report — a smartwatch does not.

The Implantable Loop Recorder — What to Expect

- The Reveal LINQ (Medtronic) and similar devices are about the size of a matchstick — 1.2 inches long, 0.3 inches wide — and weigh about 2 grams.
- Insertion is done in a clinic under local anesthetic. A small cut is made in the upper chest. The device is slid under the skin and the skin is closed with one stitch. The whole procedure takes about 10 minutes.
- No general anesthesia is needed. Most patients drive themselves home. Some soreness and mild bruising at the site for a few days is normal.
- The ILR records fast or slow heartbeat episodes on its own. A small handheld activator lets you mark any moment you feel symptoms.
- Data is sent wirelessly to a small bedside reader or smartphone app that uploads nightly to the care center. You do not need to do anything beyond sleeping near the reader.
- The device is MRI-conditional — most standard MRIs can be done safely with the ILR in place. Always tell imaging staff you have an ILR before any MRI.
- Battery life is about three years. The device is removed in a brief office visit when monitoring is done or the battery ends.
- Evidence: CRYSTAL-AF (NEJM 2014) enrolled 441 cryptogenic stroke patients. ILR found AF in 8.9% at 6 months and 29.3% at 3 years. Standard follow-up found AF in only 1.4% and 7.5% at those same time points. Most patients with ILR-detected AF were started on blood thinners.

Common Misconceptions

Myth	Reality
No symptoms during the test means nothing is wrong.	If you felt symptoms during the recording and the ECG was normal at that moment, then heart rhythm is not the cause — and that is very useful to know. But if you had no symptoms at all during the recording, the monitor may not have had a chance to catch your arrhythmia. Longer monitoring or a different device may still be needed.
I should stay very still so the ECG is not disturbed.	The opposite is true. A wearable monitor is designed to record during activity. Walk, climb stairs, and do your normal exercise. Movement noise can be filtered by the analysis software. A very quiet recording may miss the events we are looking for.
A smartwatch ECG is just as good as a Holter monitor.	A smartwatch gives a single-lead ECG or pulse-based AF detection. It can screen for AF and alert you to an irregular pulse. But it cannot diagnose SVT, VT, or pauses. It cannot count PVC burden or produce the ECG detail a formal report needs. A smartwatch helps but does not replace a prescribed monitor.
If my Holter is normal, I do not need any further testing.	A 24-hour Holter is a good start for daily symptoms. For weekly or monthly symptoms, a 24-hour Holter is unlikely to catch the event. A normal short Holter with rare palpitations usually leads to longer monitoring, not a conclusion that all is well.
The ILR is a pacemaker.	No. An ILR (implantable loop recorder) only records the heart rhythm. It does not pace, shock, or treat anything. It is much smaller than a pacemaker — about the size of a matchstick. It sits just under the skin, not inside the heart. It is used only for diagnosis.

Myth	Reality
I must feel my arrhythmia for the monitor to catch it.	Many arrhythmias — including AF — cause no symptoms at all. Modern devices have auto-detection that flags abnormal rhythms even when you do not press a button or feel anything. This is why wearing the monitor for the full time matters.
The monitor records audio and tracks my location.	No. Wearable ECG monitors record only the heart's electrical signal through skin electrode patches. There is no microphone, GPS, or other personal data capture. Only the ECG waveform and any event markers you press are stored.

Smartwatches vs Medical Monitors — What Each Can and Cannot Do

- Consumer ECG watches (Apple Watch Series 4+, Samsung Galaxy Watch, Fitbit Sense) record a single-lead ECG or use optical pulse detection to flag irregular rhythms. The Apple Heart Study (NEJM 2019) enrolled over 400,000 people. It showed the Apple Watch could detect AF with about 84% accuracy.
- What a smartwatch can do: alert you to an irregular pulse in real time; record a 30-second single-lead ECG you can share with your doctor; track resting heart rate trends over weeks and months.
- What a smartwatch cannot do: diagnose SVT, VT, pauses, or heart block at clinical grade; count PVC burden; record reliably during sleep; produce a report that meets standards for treatment decisions.
- The biggest limit of smartwatch AF detection is that the watch only records when you start it — unless background pulse detection is on. A patch monitor records every beat for 7–14 days on its own.
- Best practice: if your smartwatch flagged an irregular rhythm, bring that recording to your appointment. It is useful context. But a formal prescribed monitor will still be needed to confirm and quantify the finding.
- Do not use a smartwatch alert to self-diagnose or self-treat. An irregular-pulse alert can come from AF, anxiety, ectopic beats, or movement. A doctor needs to review it.

Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Skin irritation from electrodes	The sticky patches can cause mild redness, itching, or a skin reaction. This is the most common issue. Tell the team if you have a known allergy to adhesives. A different electrode type can usually be used.
Electrode detachment	If a lead or patch falls off early, part of the recording may be missing. Patch monitors are made to stay on for up to two weeks with normal activity. If a lead comes off early, call our office. We can often reschedule.
Non-diagnostic recording	If you had no symptoms during the full wear period, the recording may not answer the question. Longer monitoring with a different device is the next step. This often happens with a short Holter when symptoms are rare.
ILR insertion site discomfort	ILR placement uses local anesthetic and takes about 10 minutes. Some bruising and soreness at the site for a few days is normal. Infection at the site is rare (under 1%) — keep it clean and dry for 48–72 hours.
ILR device migration	Very rarely, an ILR can shift slightly under the skin over time. This usually does not affect how it works. If you notice movement or discomfort at the site, contact our office.
False positives	Movement noise, poor electrode contact, or muscle signals can mimic certain rhythms. The analysis team removes these before the report is final. What looks like VT or AFib on automated review is sometimes artifact. The doctor reviews the actual waveform before any action is taken.

Where / What	What Can Happen
Anxiety about findings	Some patients feel anxious knowing a device records every heartbeat for weeks. Many flagged findings — isolated PVCs, brief SVT runs, mild rate changes — are normal or harmless. Talking with our office about your specific report is far more reassuring than reading it on your own.

Points to Know

If you remember nothing else, remember these key points.

- Wear the monitor during your full normal routine. The goal is to capture your real daily life, not a quiet day at home.
- Keep a symptom diary for the full recording period. Write the exact time and what you felt for every episode. This is the most useful thing you can do.
- Press the event button every time you feel symptoms — even if you are not sure. Extra event marks are easy to remove; missed events cannot be recovered.
- Water rules: ask the team about your specific device. Patch monitors (Zio) are water-resistant and can be worn in the shower. Traditional Holter wires are not waterproof — avoid showering while wearing them.
- Return or mail the device within the time window given. Delays in returning the monitor delay your results.
- A normal ECG during symptoms is a useful result. It tells us the arrhythmia is not the cause. A recording with no symptoms at all may need to be repeated with longer monitoring.
- Results usually take a few business days. Our office will call if there is an urgent finding. Call us if your symptoms worsen before the monitor is returned.
- If you have an ILR: you will get a small handheld activator. Press it any time you feel symptoms. The device also records on its own.

When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Severe chest pain or pressure, or pain that spreads to the arm or jaw — call 911 right away. Do not wait for a monitor result.
- Fainting or loss of consciousness while wearing the monitor — call 911 if it does not pass quickly or if it lasted a long time. Call our office the same day, even if you fully recovered.
- Rapid pounding heartbeat that does not slow down after a few minutes, along with chest pain, severe shortness of breath, or lightheadedness — call 911.
- New or worsening shortness of breath at rest — call our office the same day. This may or may not be a rhythm issue but needs to be checked.
- The monitor has a flashing alarm or error light you were not told to expect — call our office during business hours.
- ILR site: increasing redness, warmth, swelling, or fluid at the insertion site — call our office. These signs may mean infection.
- Your symptoms have clearly changed or gotten worse since starting the monitor — do not wait for the scheduled return. Call us the same day.

Office: (727) 943-5200

Related guides from our practice. If the monitor finds AFib: see the Atrial Fibrillation guide. For VT or VF: see the Ventricular Tachycardia & Fibrillation guide. For syncope or fainting: see the Syncope guide. For pacemakers or defibrillators ordered after the workup: see the Pacemakers & ICDs guide.

Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- American Heart Association — Holter Monitor and Event Recorder - AHA patient page on Holter monitors and event recorders — why they are used, what to expect, and how to prepare.
- Cleveland Clinic — Holter Monitor - Patient-friendly Cleveland Clinic overview of Holter monitoring, types, preparation, and what the results mean.
- Mayo Clinic — Holter Monitor - Mayo Clinic explanation of Holter monitor purpose, types, and what happens during the test.
- NIH MedlinePlus — Holter Monitor Monitoring - US National Library of Medicine consumer health article on indications, preparation, and procedure for Holter monitoring.
- Heart Rhythm Society — Patient Resources - HRS patient resources on arrhythmia monitoring, ILR devices, and understanding your heart rhythm diagnosis.
- Medtronic — Reveal LINQ ILR Patient Page - Patient-facing overview of the Reveal LINQ implantable loop recorder — what the device does, the insertion experience, and how it helps diagnose infrequent arrhythmias.

Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- AHA/ACC/HRS Ambulatory ECG Monitoring Guideline 2017 *[Guideline]*
  AHA/ACC/HRS expert consensus on appropriate use and indications for ambulatory ECG monitoring — Holter, event recorders, MCT, and ILR
- ISHNE-HRS Expert Consensus on Ambulatory ECG and External Cardiac Monitoring *[Guideline]*
  Authoritative international consensus on all ambulatory ECG modalities including patch monitors and MCT, with device-specific recommendations
- CRYSTAL-AF Trial — ILR for Cryptogenic Stroke *[Trial]*
  Landmark RCT showing implantable loop recorder detects AF in ~30% of cryptogenic stroke patients at 3 years vs ~9% with standard monitoring — key evidence for ILR use
- Zio Patch Validation Study — iRhythm *[Study]*
  Validation data for the 14-day continuous patch monitor (Zio XT) demonstrating superior arrhythmia detection vs 24–48h Holter in symptomatic patients
- Apple Heart Study — Smartwatch AF Detection *[Study]*
  Large-scale validation of Apple Watch photoplethysmography for AF notification — evidence base for smartwatch adjunct role and its limitations vs prescribed monitoring
- HRS 2017 — Syncope Evaluation Including Ambulatory Monitoring *[Guideline]*
  HRS guidance on rhythm monitoring approach for unexplained syncope — supports prolonged monitoring with event recorders or ILR for infrequent events
- ESC 2018 Guidelines on Syncope *[Guideline]*
  European guideline recommendation pathway for ambulatory ECG in syncope evaluation, supporting ILR for unexplained syncope after standard workup
- AHA Palpitations Scientific Statement *[Guideline]*
  AHA statement on evaluation of palpitations — monitoring duration and device choice based on symptom frequency
- Cleveland Clinic — Holter Monitor *[Patient Resource]*
  Patient-facing overview of Holter monitor preparation, what to expect, and results interpretation
- Mayo Clinic — Holter Monitor *[Patient Resource]*
  Patient-facing Mayo overview of Holter monitor purpose, types, and patient instructions
- AHA Patient Page — Holter Monitor and Event Recorder *[Patient Resource]*
  AHA lay overview of Holter and event monitors, indications, and patient preparation
- NIH MedlinePlus — Holter Monitor Monitoring *[Patient Resource]*
  US National Library of Medicine consumer health page on Holter monitoring indications and procedure
- HRS Patient Resources — Ambulatory ECG Monitoring *[Patient Resource]*
  Heart Rhythm Society patient resources on arrhythmia monitoring and ILR devices.

- Reveal LINQ ILR — Medtronic Product Overview and Evidence *[Device Resource]*
  Medtronic product overview for the Reveal LINQ implantable loop recorder — indications, procedure, device lifespan, and patient experience

About This Guide

Rias KS Ali, MD FACC | Board Certified in Interventional Cardiology & Cardiovascular Disease

4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com

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Reviewer note: Reviewed against the AHA Holter monitor page, Cleveland Clinic's Holter overview, Mayo Clinic's Holter page, and NIH/MedlinePlus. Ours adds: a device-spectrum cover chart, a symptom-frequency decision flowchart, a five-rhythm findings panel (AFib/SVT/VT/pauses/PVCs), a device-comparison table, named-device specifics (Zio patch, Reveal LINQ), CRYSTAL-AF trial data, Apple Heart Study framing, and cross-links to the AFib, VT/VF, Syncope, and Pacemaker/ICD guides.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.

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