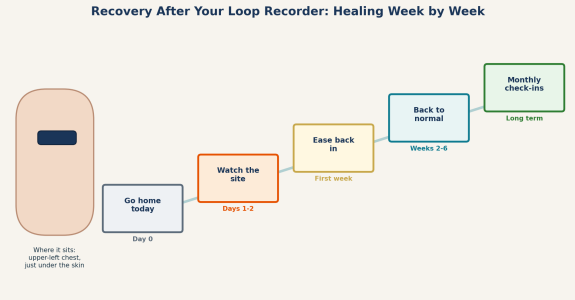
Recovery After Your Loop Recorder (ILR/ICM)

Caring for the site and staying connected in the days and weeks after placement

Your loop recorder only watches and records. Healing well and sending your monthly check-ins are what make it actually work for you.



Online: https://go.riasalimd.com/post-ilr-guide

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Names & Terms You Will Hear

Term	Meaning
Implantable loop recorder (ILR)	A small heart monitor placed just under the skin of the chest. This guide covers the days and weeks after it is placed.
Insertable cardiac monitor (ICM)	The newer name many doctors and device makers now use for the same device.
Loop recorder / heart monitor implant	Everyday short names patients and staff use most, including online searches.
Subcutaneous cardiac monitor	A technical description of where the device sits, just under (sub) the skin (cutaneous).
Device pocket	The small space under the skin where the device rests.
Medtronic, Abbott, Boston Scientific, Biotronik	The companies that make these monitors. Yours is made by one of them. Your exact model and serial number are on the sticker and on your device ID card, not in this guide, because model names change.
Remote monitor / transmitter	The small bedside reader, or the phone app, that sends your recordings to our office.
Device ID card	A wallet card naming your specific device and model, given to you soon after placement.
Steri-Strips	Thin adhesive strips sometimes used to close the small incision instead of a stitch.

The most important thing to know: this device records. It does not treat you. It does not call anyone. Nobody is watching it live. A transmission is reviewed in our office on a schedule, not in real time. **If you have symptoms, call 911 yourself. Do not wait, and do not assume the device told someone.** If someone collapses and is not breathing normally, call 911. Push hard and fast in the center of the chest, about 100 to 120 pushes a minute. Use an AED if one is nearby.

Recovery After Your Loop Recorder (ILR/ICM)?

- This guide picks up the moment you leave after your loop recorder (ILR/ICM) is placed. For what the device is and why it was recommended, see our Implantable Loop Recorder guide. If yours was placed to look into fainting, our syncope workup guide covers the fuller diagnostic picture.
- In short: a small monitor was placed just under the skin of your upper-left chest. It was done awake, with local numbing medicine, as an outpatient.
- Closure varies by patient: a single stitch, skin adhesive (surgical glue), or Steri-Strips. Follow the care that matches what you actually have. Ask us if you are not sure.
- From here, your job has two parts: let the small site heal, and keep your monthly remote monitoring going so our office can see what the device records.

Why It Matters

- The device only helps you if the small pocket under your skin heals well. Good site care in the first weeks lowers the chance of bleeding or infection.
- The device records around the clock, but nobody is watching it live. Your job is to protect the site and keep it transmitting. Know when to call us, and when to call 911.
- Most problems after an ILR/ICM are minor and heal on their own. The few that are not are easiest to fix when caught early. Knowing the warning signs matters.
- Keeping your remote monitor active each month turns the device's recording into something we can act on. A device that is not transmitting is not helping you.
- Knowing the difference between a normal healing bruise and a true warning sign helps you relax on ordinary days. It also helps you act fast on the rare day that matters.

Risk Factors

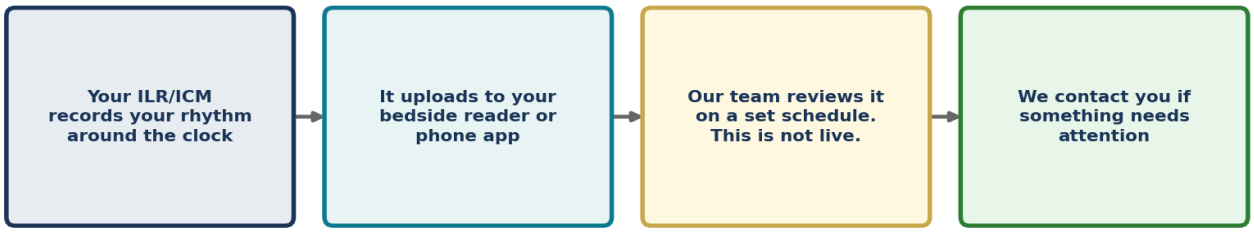
Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Blood thinners or aspirin	More bruising is likely, and there is a higher chance of oozing at the site in the first day or two.
Diabetes or a weakened immune system	Healing is often slower, and the chance of infection is higher.
Smoking or vaping	Slows wound healing and raises infection risk, just as with any incision.
Heavy lifting or hard use of that arm too soon	Can irritate or reopen the site before it has fully sealed.
Getting the site wet or rubbed early	Soaking or friction on a fresh incision raises irritation and infection risk.

Treatment Options

- Keep the site clean and dry for the type of closure you actually have. Do not soak it (no bath, pool, hot tub, or ocean) until it is fully healed.
- For pain, use acetaminophen (Tylenol) only. Do not take more than 3,000 mg in 24 hours. Tablet strengths differ, so check the label. Ask us before taking anything else, including ibuprofen, naproxen, or aspirin you were not already told to take.
- No antibiotics are routinely prescribed to take home after this procedure. Do not expect or ask for one. Call us if you develop true infection signs instead.
- Watch daily for the normal-healing versus infection signs shown in the diagram below.
- Set up your remote monitor or app right away, and aim to send a check-in about once a month, every month, for as long as your team has the device active.
- Keep your outpatient follow-up visit. It is usually scheduled in the weeks after placement, unless we tell you otherwise.
- Remember the safety message: the device only records. It cannot call 911 for you, and nobody is watching it live.

How Your Remote Monitoring Actually Works



This is NOT a live feed and NOT an emergency line.
For real symptoms, call 911 yourself. Do not wait on the device.

Your device only records. Uploads are reviewed on a schedule, not watched live, so real symptoms need a 911 call from you, not a wait for the device.

Day 1 and Day 2

- A little oozing is normal on the first day. If it happens, hold firm, steady pressure for 10 minutes.
- Keep the original dressing on for as long as your team told you, usually removed the next day.
- Mild soreness, a small bruise, and a little swelling are expected and normal.
- Take acetaminophen (Tylenol) only for discomfort, at the dose on the package. Ask us before taking anything else.
- No antibiotics are prescribed for this procedure. Do not expect or ask for a take-home course.
- A quick shower is often fine once your team clears it. Avoid soaking. Pat the site dry; do not rub it.
- Set up your remote monitor or phone app today if you have not already.

The First Week

- Keep the site clean and dry. No bath, pool, hot tub, or ocean until it is fully healed.
- Steri-Strips, if you have them, will curl and fall off on their own. Do not peel them.
- Avoid heavy lifting or hard use of the arm on that side. Gentle, normal movement is fine.
- Check the site daily against the normal-healing versus infection diagram in this guide.
- Keep your remote monitor active, and aim to send your first check-in this week.

Weeks 2 Through 6

- Bruising and soreness are usually gone by now. The small firm lump under the skin can last longer than that, and that is expected.
- Return to your normal activity level, including exercise, as you feel ready. An ILR/ICM is far less restrictive than a pacemaker.
- Keep your outpatient follow-up visit. It is usually scheduled in the weeks after placement, unless we tell you otherwise.
- Keep sending monthly transmissions. That is what turns the device's recording into something we can act on.

Long Term, For As Long As You Have the Device

- Remote monitoring continues about once a month, every month, for as long as your team has the device active. Sending it the same way each time helps it become routine.
- Carry your device ID card. Airport security and store scanners are fine.
- Tell any MRI team you have this device before a scan. Modern ILR/ICMs are MRI-conditional. See our device and MRI safety guide for more.
- If your device was placed because of fainting, ask us about driving. Rules depend on why it was placed and are set by state law, not by us. See our driving and heart guide.
- The device will eventually need replacing or removing when the battery runs low or the answer is found. That is a simple, low-risk visit, much like the one you just had.
- If your loop recorder finds something that needs ongoing treatment, such as a pacemaker, see our pacemaker and ICD living guide for what daily life with that device looks like.
- The safety message never expires: the device only records. For real symptoms, call 911 yourself.

No antibiotics, Tylenol only. No antibiotics are sent home after loop recorder placement. A large US registry found most procedures used none at all. The infection rate was still low, about 1 in 100. For pain, use acetaminophen (Tylenol), no more than 3,000 mg in 24 hours. **Ask us first before taking anything else for pain**, such as ibuprofen, naproxen, or extra aspirin.

Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- A snug, comfortable shirt or a cloth-wrapped ice pack for 10 to 15 minutes can ease early soreness and swelling.
- Loose clothing over the site for the first week keeps fabric and seatbelts from rubbing the healing skin.
- Sleep however is comfortable. You do not need to avoid lying on that side once the soreness has settled.
- Gentle, normal arm movement is fine. Save hard lifting, pushing, or reaching overhead on that side for after the first week or so.
- Keep the bedside reader plugged in near where you sleep, or keep your phone nearby overnight with the app open, so recordings upload on their own.
- If your system has a patient-activated marker, a button, a tap, or an app entry, use it whenever you feel the symptom that prompted the monitor in the first place. That flag helps our team find the moment quickly.

Risks, Benefits, and Alternatives

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

Option	Risks	Benefits	Alternatives
No routine antibiotics after placement	A pocket infection is still possible, though uncommon. Watch for the signs in this guide.	Avoids needless antibiotic side effects. A large US registry found a low infection rate without routine antibiotics.	If you are at higher infection risk for another reason, ask us. A different plan may apply to you.
Acetaminophen for pain	Going over 3,000 mg in 24 hours can harm the liver, even though acetaminophen does not raise bleeding risk at the site. Many cold and sleep medicines already contain acetaminophen, and that counts toward the same 3,000 mg.	Controls the mild soreness from this small procedure without added bleeding risk.	Ask us before using ibuprofen, naproxen, aspirin beyond what you already take, or any other pain medicine.
Monthly remote monitoring	Requires you to keep the reader or app active. A gap in transmission is a gap in what we can see.	Catches an abnormal rhythm without an office visit. Keeps your file current for review.	An in-office check, or a short-term Holter or event monitor, can bridge a gap if your remote system is down. Ask us to schedule one.
Your actual closure type (stitch, adhesive, or Steri-Strips)	Each has its own minor care needs. The wrong care steps can irritate the site.	All three are proven ways to close a small ILR/ICM incision.	Follow the care that matches what your team actually used. Ask at your visit if you are not sure which one you have.

Common Misconceptions

Myth	Reality
If something is wrong, the device will call 911 for me.	No. The device only records. Nobody is watching it live, and it cannot call anyone. For real symptoms, you must call 911 yourself.
Someone is watching my heart rhythm 24 hours a day.	No. Recordings are reviewed in our office on a set schedule during business hours, not live and not overnight.
I will need antibiotics after this, like after other procedures.	No routine antibiotic course is prescribed after loop recorder placement. Call us if you develop true infection signs instead.
Any redness at the site means infection.	Mild redness right at the incision in the first few days is common and usually fades. Infection redness spreads, grows, or comes with fever, drainage, or increasing pain.
I cannot fly or go through airport security with this device.	Airport scanners are fine. Carry your device ID card in case you are asked about it.
I can never have an MRI again.	Modern ILR/ICMs are MRI-conditional. Always tell the MRI team you have one before any scan.
Once I feel fine, I can stop sending my monthly check-ins.	The device's whole value is catching what you do not feel. Keep sending monthly transmissions for as long as your team has it active.

Possible Complications

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

Where / What	What Can Happen
Site bleeding or bruising	A little oozing on the first day is common. Hold firm pressure for 10 minutes if it happens. A growing bruise, or bleeding that will not stop, needs a call.
Device-pocket infection	Uncommon: about 1 in 100 in a multicenter US registry of loop recorder procedures. Signs are redness, warmth, growing swelling, drainage, fever, or pain that increases after the first few days.
Skin thinning or erosion over the device	A later, less-known sign: the skin over the device can thin, open, or the device can start to show through. Call promptly rather than waiting for it to settle.
Device position	The device can shift slightly in its pocket. This is usually harmless, but tell us if it becomes uncomfortable or feels different than before.
Skin or adhesive reaction	Mild itching or irritation from a dressing or adhesive is possible, and is different from infection. Tell us if it does not settle.
A gap in remote monitoring	Not a wound problem, but a real one: if the reader or app stops uploading, a true event could be missed. Call us so we can help you get it working again.

What Is Normal While You Heal, and What Is Not



Normal healing and true infection signs, side by side. Shapes as well as colors mark each list, so this stays clear even printed in black and white.

Symptom, What It Probably Is, and What To Do

Symptom	What it probably is	What to do
Mild bruising, a small firm lump, or soreness that improves day by day	Normal healing	Watch
Redness right at the incision only, in the first few days	Usually normal early healing	Watch, recheck the next day
Spreading redness, warmth, or swelling that is increasing, not improving	Possible pocket infection	Call the office today
Pus or cloudy drainage, or pain that increases after the first few days	Possible infection	Call the office today
Fever or chills (100.4F / 38C or higher, or just feeling feverish)	Possible infection	Call the office today
Skin over the device thinning, opening, or the device showing through	A later infection sign. Do not wait	Call the office today
Chest pain, fainting, a racing heart that will not stop, or trouble breathing	A true emergency. The device does not call for you.	Call 911 now

Points to Know

If you remember nothing else, remember these key points.

- Keep the site clean and dry. No soaking (bath, pool, hot tub, or ocean) until it is fully healed.
- Mild bruising, a small firm lump, and slight soreness that improves day by day are normal.
- Use acetaminophen (Tylenol) only for pain, up to 3,000 mg in 24 hours, and ask us before taking anything else.
- No antibiotics are needed or sent home after this procedure.
- Call us for spreading redness, increasing swelling, drainage, fever or chills, increasing pain, or the skin over the device thinning or opening. Fever means 100.4F (38C) or higher, and feeling feverish or having chills counts even if you have not taken your temperature.
- Set up and keep your monthly remote monitoring going. That is how the device actually helps you.
- Mark the moment whenever you feel something. Use your app or your patient activator to bookmark any spell of palpitations, dizziness, or nearly fainting. The monitor records all the time, but it cannot tell which seconds mattered to you. Your mark is what lets us line your symptom up against your rhythm, and that match is the whole reason the monitor is in.
- The device only records. It does not call anyone. For real symptoms, call 911 yourself. Do not wait on it.
- Keep your outpatient follow-up visit.

Bookmark your symptoms. This is the one thing only you can do.

Your monitor records around the clock, but it cannot tell which seconds mattered to you. When you feel a flutter, a racing heart, dizziness, or you nearly faint, mark that moment with your phone app or your patient activator. Do it as soon as you are safely able to, even if the feeling has already passed.

Why this matters so much: without a mark, we may see an odd rhythm and not know whether you felt anything, or you may describe a spell we cannot find in hours of normal recording. Matching your symptom to your rhythm at the same instant is what answers the question the monitor was placed to answer. A marked episode is worth far more to us than an unmarked one.

Jot down what you were doing and how long it lasted, and bring that list to your visit. If a spell is severe, call 911 first and mark it after.

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.

- Call our office today for spreading redness, warmth, or swelling that is increasing. Also call for drainage, fever or chills, or pain that is getting worse after the first few days. Fever means 100.4F (38C) or higher. Do not wait on a thermometer: feeling feverish or having chills counts on its own.
- Call our office today if the skin over the device looks thin, has opened, or the device itself seems to be showing through the skin.
- Call our office if bleeding soaks through the bandage, or if a bruise keeps growing.
- Call our office if your remote monitor or app stops uploading, or shows an error for several days.
- Call our office before any MRI or other procedure so we can confirm your device details, and before stopping or changing any medicine.
- Call 911 right now for chest pain or pressure, fainting, or a racing heart that will not settle. Also call 911 for trouble breathing, or bleeding that will not stop with firm pressure.
- Call 911 if someone collapses and is not breathing normally. The device does not call for help. You have to.

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A Clean Split: Call Our Office vs. Call 911 Right Now

Call Our Office	Call 911 Right Now
Redness, warmth, swelling, or drainage at the site	Chest pain, pressure, or tightness
Fever or chills (100.4F / 38C or higher, or just feeling feverish)	Fainting, or a racing heart that will not settle
Pain that is getting worse instead of better after the first few days	Trouble breathing, or severe unexplained shortness of breath
The skin over the device looks thin, open, or the device is showing through	Someone collapses and is not breathing normally
Bleeding that soaks through the bandage, or a growing bruise	Bleeding that will not stop with firm pressure
Questions about your remote monitor, an upcoming MRI, or any medicine	Any symptom that feels like a true emergency, even if you are not sure

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.

- Cleveland Clinic - What Is an Implantable Loop Recorder? - Overview of the device and its infection warning signs, from the same hospital system as our companion procedure guide.
- Cleveland Clinic - Remote Monitoring and Telephone Transmitting Instructions - How scheduled remote transmissions work and why they are reviewed the next business day, not live.
- MedlinePlus - Surgical Wound Care, Closed Incision - US National Library of Medicine guidance on caring for a stitched, stapled, or glued incision.
- MedlinePlus - Implantable Cardioverter Defibrillator, Discharge - General device-discharge guidance. Your ILR/ICM recovery is lighter than what this page describes for a pacemaker-type device.
- Cleveland Clinic - Fever: What Is Considered a Fever? - Explains the standard 100.4F (38C) fever threshold used throughout this guide.

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.

- Beinart et al. - Real-World Use of Prophylactic Antibiotics in Insertable Cardiac Monitor Procedures (Reveal LINQ Registry, PACE) *[Registry]*
  375-patient, 14-center US registry: two-thirds of ICM insertions used no preprocedural antibiotics at all, with an overall procedure infection rate of only 1.1% (0.3-2.7% CI). Direct evidence for Dr. Ali's no-routine-antibiotics protocol and the guide's pocket-infection incidence figure.
- 2026 HRS/AHA/APHRS/EHRA/IDSA/LAHRS/PACES/STS Expert Consensus Statement Update on Cardiovascular Implantable Electronic Device Lead Management and Extraction *[Guideline]*
  Current (2026) multi-society consensus guideline on CIED infection diagnosis, prevention, and management; used as the umbrella guideline reference for infection-signs content and general device-care framing.
- Dardari et al. - Infective Endocarditis among Pediatric Patients with Prosthetic Valves and Cardiac Devices (J Clin Med) *[Review]*
  Names the classic CIED pocket-infection presentation used in the guide: fever and chills, redness and swelling at the pocket, and erosion/exteriorization of the device through the skin (the 'late sign' the guide flags).
- Zhu et al. - Cardiac Resynchronization Therapy-Defibrillator Pocket Infection Caused by Mycobacterium fortuitum: Case Report and Review (BMC Cardiovasc Disord) *[Case-Report]*
  Review of typical CIED pocket-infection manifestations: early local redness, swelling, and spontaneous drainage, and pain that increases rather than resolves. Supports the symptom-comparison diagram and table.
- Haeusler et al. - Safety and Reliability of the Insertable Reveal XT Recorder in Patients Undergoing 3 Tesla Brain MRI (Heart Rhythm) *[Clinical-Study]*
  Prospective study showing 3-Tesla MRI is safe for an insertable cardiac monitor and does not affect device reliability, with rare MRI-induced artifacts. Primary evidence for the guide's MRI-conditional / tell-the-MRI-team messaging.
- Bisignani et al. - Implantable Loop Recorder in Clinical Practice (Journal of Arrhythmia) *[Review]*
  General review of ILR/ICM miniaturization and remote monitoring, used as background support for the remote-monitoring-loop content and terminology (ILR = ICM).
- Sanna et al. - Cryptogenic Stroke and Underlying Atrial Fibrillation (CRYSTAL-AF, NEJM) *[Trial]*
  Same trial already cited in the companion Implantable Loop Recorder guide; referenced briefly here only for consistency when the orienting paragraph points back to that guide.
- Offor et al. - Potential Deleterious Effects of Paracetamol Dose Regime Used in Nigeria versus That of the United States of America (Toxicology Reports) *[Review]*
  Documents the US labeling discrepancy for acetaminophen: the historical FDA monograph maximum of 4 g/day versus the reduced 3 g/day maximum now common on US OTC product labeling. Basis for flagging the acetaminophen maximum-dose figure for Dr. Ali's sign-off instead of printing a number.
- Dhruva et al. - Veterans Health Administration National Cardiac Device Surveillance Program (Heart Rhythm O2) *[Review]*
  Describes how centralized remote-monitoring review works for CIEDs (including loop recorders): transmissions are reviewed on a schedule, not live. Supports the 'not real-time' framing of the remote-monitoring diagram.

- Cleveland Clinic - What Is an Implantable Loop Recorder? *[Patient-Education]*
  Current (verified live) Cleveland Clinic patient page; its infection-warning-signs list (fever/chills, warmth, swelling/redness, drainage/bleeding) matches and corroborates this guide's when-to-call content.
- Cleveland Clinic - Remote Monitoring & Telephone Transmitting Instructions *[Patient-Education]*
  Confirms remote device monitoring is scheduled and reviewed the next business day, not live, and that patients with urgent symptoms are directed to emergency care rather than the remote monitor. Primary patient-facing source for the remote-monitoring-loop diagram and its not-real-time messaging.
- MedlinePlus - Surgical Wound Care - Closed Incision *[Patient-Education]*
  NIH/NLM guidance confirming incisions are closed by stitches, staples, skin glue, or a combination, and general dressing/wound-care principles. Supports the guide's coverage of the three closure types (stitch, adhesive, Steri-Strips).
- MedlinePlus - Implantable Cardioverter Defibrillator - Discharge *[Patient-Education]*
  General CIED discharge-instruction analog (used cautiously: an ICD is more invasive than an ILR/ICM, so its activity-restriction timeline is NOT copied directly, consistent with framing the ILR/ICM as less restrictive).
- Cleveland Clinic - Fever: What Is Considered a Fever? *[Patient-Education]*
  Confirms 100.4 F (38.0 C) as the standard clinical fever threshold endorsed by the CDC and WHO. Used for the guide's fever figure, flagged in the build report for Dr. Ali's sign-off per instructions.
- Abbott - Abbott Receives FDA Clearance for Assert-IQ Insertable Cardiac Monitor *[Manufacturer]*
  Confirms Assert-IQ as Abbott's current-generation ICM (alongside the longer-established Confirm Rx) for the synonyms/brand-name list, so the guide names devices patients may actually see on their paperwork.

About This Guide

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Reviewer note: Reviewed against Cleveland Clinic and MedlinePlus patient pages. This guide adds a healing-versus-infection diagram, a remote-monitoring diagram, a tinted symptom-to-action table, an office-versus-911 table, and a day-by-day timeline.

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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