

Brief Statement Medtronic ICDs

Indications

Medtronic implantable cardioverter defibrillators (ICDs) are indicated for ventricular antitachycardia pacing and ventricular defibrillation for automated treatment of life-threatening ventricular arrhythmias.

Contraindications

Medtronic ICDs are contraindicated in patients whose ventricular tachyarrhythmias may have transient or reversible causes, patients with incessant VT or VF, patients who have a unipolar pacemaker, and patients whose primary disorder is bradyarrhythmia.

Warnings/Precautions

Changes in a patient's disease and/or medications may alter the efficacy of the device's programmed parameters. Patients should avoid sources of magnetic and electromagnetic radiation to avoid possible underdetection, inappropriate sensing and/or therapy delivery, tissue damage, induction of an arrhythmia, device electrical reset or device damage. Do not place transthoracic defibrillation paddles directly over the device.

Potential Complications

Potential complications include, but are not limited to, rejection phenomena, erosion through the skin, muscle or nerve stimulation, oversensing, failure to detect and/or terminate tachyarrhythmia episodes, acceleration of ventricular tachycardia, and surgical complications such as hematoma, infection, inflammation, and thrombosis.

See the device manual for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions, and potential complications/adverse events. For further information, please call Medtronic at 1-800-328-2518 and/or consult Medtronic's website at www.medtronic.com.

Caution: Federal law (USA) restricts this device to sale by or on the order of a physician.

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Medtronic

Binge Drinking Negates Benefits of Alcohol

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Moderate consumption of alcohol can be part of a healthy lifestyle to prevent cardiac disease, but not if you drink too fast, Dr. Mary O. Gray said at a meeting sponsored by the California chapter of the American College of Cardiology.

The cardioprotective benefits of alcohol appear to be limited to one drink per day for women or two drinks per day for men (with a "drink" consisting of one glass of wine, one shot of liquor, or one bottle or can of beer). Beyond that, alcohol is cardiotoxic, said Dr. Gray of San Francisco General Hospital.

Binge drinking—defined as consuming three or more drinks in 1 or 2 hours—doubled the risk of death from any cause in a recent study of patients treated for acute MI (*Circulation* 2005;112:3839-45). Investigators interviewed 2,000 patients a median of 4 days after a confirmed MI and found that regular consumption of alcohol reduced their risk of death, but binge drinking blocked or attenuated this benefit.

The negative effects of binge drinking applied regardless of whether a person was a light or heavy drinker overall. The study also asked about other factors that might affect cardiovascular risk, such as vigorous activity or vigorous sexual activity, but found no correlation with mortality, she said at the meeting, also sponsored by the University of California, San Francisco.

Heavy drinking for a long time can cause alcoholic cardiomyopa-

thy, a diagnosis made clinically through history and elimination of other etiologies. Heavy drinkers with hypertension or heart failure should be advised to stop drinking to preserve their hearts, as well as to protect other aspects of their physical and personal/social well-being.

Data on very heavy drinkers suggest that those who develop heart failure may recover cardiovascular function if they stop drinking. Recovery is more likely if the patient is relatively young and has no other risk factors for cardiovascular disease.

Heavy drinkers often are malnourished, so treatment should include attention to a healthy diet including thiamine supplementation, Dr. Gray advised. Treat cardiac arrhythmias or systemic hypertension promptly in heavy drinkers, she added.

Most heavy drinkers also are heavy cigarette smokers. Dr. Gray and associates plan to study the interplay between cigarette smoke and alcohol consumption to try to tease out their causal effects in alcoholic cardiomyopathy. ■



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Binge drinking doubled the risk of death in a study of patients being treated for acute MI.

Prior MI Boosts Radiotherapy's Cardiac Risk in Breast Ca Patients

SAN ANTONIO — A history of MI in women who later develop breast cancer doubles their risk of radiotherapy-induced MI, Sarah Darby, Ph.D., reported at a breast cancer symposium sponsored by the Cancer Therapy and Research Center.

She presented an update from the ongoing observational Radiation-Associated Cardiac Events (RACE) study involving nearly 63,000 Danish and Swedish patients diagnosed with early-stage breast cancer during the late 1970s through the beginning of the current decade.

By cross-referencing RACE participants against Danish and Swedish national hospital registries, investigators determined 1.1% of the women had an MI prior to their diagnosis of breast cancer. A history of previous MI was equally common in the 32,485 women with left-sided breast cancer and the 30,468 with right-sided cancer, said Dr. Darby, professor of medical statistics at University of Oxford (England). Of those women, 2,244 had a fatal or nonfatal MI after being diagnosed with cancer. Of those,

41% had undergone radiotherapy.

Nonirradiated patients had a similar risk of subsequent MI regardless of whether they had cancer of the left or right breast. This was true whether or not they had a history of MI prior to breast cancer.

However, in women who underwent adjuvant radiotherapy, those with a previous history of MI had a 2.1-fold greater rate of MI after breast cancer if they had left-sided as opposed to right-sided cancer.

Irradiated women with no history of MI had a 12% greater risk of MI after breast cancer with left-sided disease, compared with right-sided. Although this didn't reach statistical significance, it was of similar magnitude as the radiotherapy-associated cardiac mortality risk Dr. Darby found in an earlier study of more than 300,000 women with early-stage breast cancer in the U.S. Surveillance, Epidemiology, and End Results registry, where the increased risk did achieve significance because of greater patient numbers.

—Bruce Jancin