Referring patients at risk of Sudden Cardiac Arrest?

THINK S-ICD first.

When you’re referring a patient who is indicated for an ICD, consider an S-ICD: the first and only FDA-approved subcutaneous implantable defibrillator that leaves the vasculature untouched and avoids the risks associated with transvenous leads.

IMPORTANT FACTS TO KNOW ABOUT EMBLEM™ S-ICD SYSTEM

What is an S-ICD?

A new generation of ICD therapy, S-ICD protects against sudden cardiac arrest and:

- Is implanted just underneath the skin on the left side of the chest next to the rib cage
- Analyzes heart rhythm using a subcutaneous electrode to effectively sense, discriminate and convert VT/VF
- Leaves the heart and blood vessels untouched and intact

S-ICD PLACEMENT
Who may benefit from an S-ICD?

S-ICDs are appropriate for a wide range of indicated patients and are preferred for those who have:  
- No venous access
- High risk of complications for TV-ICD
- High risk of infections
- Channelopathies (LQT, Brugada, HCM)
- History of endocarditis

S-ICDs are also a good option for patients who are 70 and younger and/or lead an active lifestyle.

How does an S-ICD compare to an ICD?

- S-ICDs are designed to allow self-termination of non-sustained tachyarrhythmias
- They offer the same protection against sudden cardiac arrest as ICDs

What are the benefits of an S-ICD?

An S-ICD:
- Eliminates the potential for vascular injury
- Reduces the potential for systemic infection
- Preserves venous access and avoids potential complications associated with endovascular lead implantation or extraction
- Requires few or no upper-body restrictions and is compatible with an active lifestyle

Learn more about how an S-ICD can protect your patients against sudden cardiac arrest at bostonscientific.com/thinksicd.

References:

Emblem™ S-ICD System from Boston Scientific CRM

Indications for Use

The S-ICD System is intended to provide defibrillation therapy for the treatment of life-threatening ventricular tachyarrhythmias in patients who do not have symptomatic bradycardia, incessant ventricular tachycardia, or spontaneous, frequently recurring ventricular tachycardia that is reliably terminated with anti-tachycardia pacing.

Contraindications

Unipolar pacing and impedance-based features are contraindicated for use with the S-ICD System.

Warnings

Read the manual thoroughly before using the S-ICD System to avoid damage to the pulse generator and the co-implanted device. Unipolar pacing and impedance-based features are contraindicated for use with the S-ICD System.

Prior to each patient use only. Do not reprocess, re-reuse, or re-sterilize. All Boston Scientific S-ICD implantable components are designed for use with the Boston Scientific S-ICD System only. Connection of any S-ICD System components to a non-compatible component will result in failure to deliver life-saving defibrillation therapy. Always have external defibrillation equipment and medical personnel skilled in CPR available during implant and follow-up testing. Using multiple pulse generators could cause a pulse generator interaction, resulting in patient injury or a lack of therapy delivery. Fast, full shock may occur in the event of a failure in the system, syncope, tissue redness, irritation, emphysema, surgical revision or replacement of component failures, stroke, subcutaneous discomfort, premature battery depletion, random component failures, stroke, subcutaneous emphysema, surgical revision or replacement of the system, syncope, tissue redness, irritation, numbness or necrosis.

Patients who receive an S-ICD System may develop psychological disorders that include, but are not limited to, the following: depression/ anxiety, fear of device malfunction, fear of shocks, phantom shocks.

Refer to the product labeling for specific indications, contraindications, warnings/ precautions and adverse events. Rx only. [Rev. B] All trademarks are the property of their respective owners.

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