CARDIAC EVENT (LOOP) RECORDERS

GENERAL POLICIES & PROCEDURES

- Most available implantable loop recorders (ILRs) are conditional at 1.5T and 3.0T.
- Risk of imaging an ILR:
  - The primary concern is that the current induced in the ILR by the MRI scanner will be recorded as artifactual noise which could fill the device's memory (overwriting real data).
  - There is little risk of movement or heating of an ILR during MRI.
- The first time an ILR undergoes MRI, the MRI technologist must research the device and complete the Foreign Body / Implant / Device form (MI-0651). The supervising radiologist will then review the form and supporting documentation and determine whether to proceed with the MRI.
- An ILR that has been researched and approved previously does not need a new form MI-0651 completed provided:
  - The ILR has not been replaced since the last MRI.
  - The ILR's conditions can be met on the MRI scanner to be used.
- An altered, unconscious, sedated or intubated patient with an ILR can undergo MRI.
- Patients with a St Jude Medical Confirm Rx DM3500 loop recorder must have a chest radiograph performed prior to the first (and only the first) MRI since device placement to ensure the device is located between the right parasternal line and left midclavicular line and between the anterior 1st and 6th ribs.
- Interrogating the device to download data:
  - During normal hours, the MRI technologist will make a reasonable attempt to have a device representative interrogate the ILR (particularly if the patient has used the event button since the device was last interrogated).
  - Outside of normal hours, the MRI technologist should proceed with the examination without concern for having the device interrogated first.
  - Emergent examinations should not be delayed for device interrogation.