

Guardians of the Heart: Understanding Implantable Cardioverter Defibrillators

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Abstract

Implantable Cardioverter Defibrillators (ICDs) have emerged as indispensable guardians of cardiac health; significantly reducing the risk of sudden cardiac death in patients with known cardiac conditions. This article details the implantation procedure; and clinical outcomes through a detailed analysis of a patient case.

Keywords:

Introduction

Cardiac arrhythmias and sudden cardiac death (SCD):

Role of implantable cardioverter defibrillators (ICDs):

remains a need for a comprehensive understanding of these devices among healthcare professionals, patients, and caregivers. This article includes awareness of indications for implantation, the implantation procedure, device programming, potential complications, and long-term management strategies. A thorough grasp of these aspects ensures optimal patient selection, appropriate device utilization, and adherence to evidence-based guidelines.

Case presentation:

Mr. A:

Mr. B:

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Result and Discussion

Result:

[REDACTED]

Discussion:

[REDACTED]

Acknowledgment

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Conflict of Interest

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References

1. Hanasono MM, Friel MT, Klem C (2009) Impact of reconstructive microsurgery in patients with advanced oral cavity cancers. *Head and Neck* 31: 1289-1296.
2. Yazar S, Cheng MH, Wei FC, Hao SP, Chang KP et al (2006) Osteomyocutaneous peroneal artery perforator flap for reconstruction of composite maxillary defects. *Head and Neck* 28: 297-304.
3. Clark JR, Vesely M, Gilbert R (2008) Scapular angle osteomyogenous flap in postmaxillectomy reconstruction: defect, reconstruction, shoulder function, and harvest technique. *Head and Neck* 30: 10-20.
4. Spiro RH, Strong EW, Shah JP (1997) Maxillectomy and its classification. *Head and Neck* 19: 309-314.
5. Moreno MA, Skoracki RJ, Hanna EY, Hanasono MM (2010) Microvascular free flap reconstruction versus palatal obturation for maxillectomy defects. *Head and Neck* 32: 860-868.
6. Brown JS, Rogers SN, McNally DN, Boyle M (2000) a modified classification for the maxillectomy defect. *Head & Neck* 22: 17-26.
7. Shenaq SM, Klebuc MJA (1994) Refinements in the iliac crest microsurgical free flap for oromandibular reconstruction. *Microsurgery* 15: 825-830.
8. Chepeha DB, Teknos TN, Shargorodsky J (2008) Rectangle tongue template for reconstruction of the hemiglossectomy defect. *Archives of Otolaryngology-Head and Neck Surgery* 134: 993-998.
9. Yu P (2004)