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ENCINITAS · LA JOLLA, CALIFORNIA



Implantable Loop Recorder

A heart monitor about the size of a paper clip that sits under the skin and watches your rhythm for years.

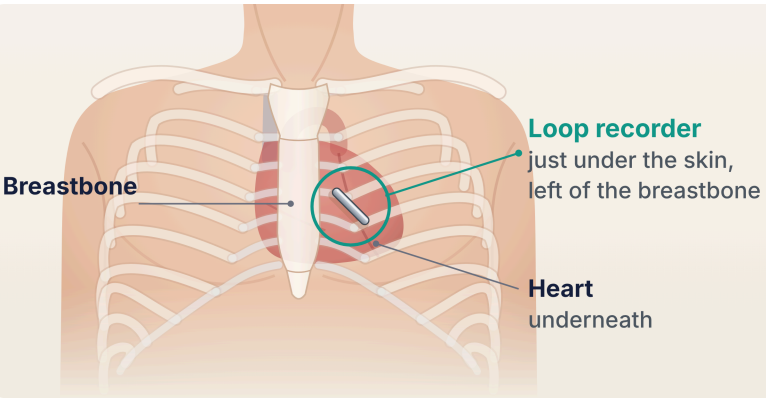
3 to 6 years
roughly, of round-the-clock rhythm watching, depending on the model

10 to 15 min
is the usual implant time, under local numbing. You go home the same day.

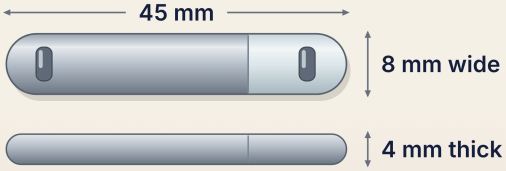
Around 55%
of unexplained fainting diagnosed, versus 19% with conventional monitors

WHAT IT IS

A tiny monitor just under the skin



About the size of a paper clip
It only records. It does not pace or shock.



About 3 to 4 grams. Two metal electrodes on the case pick up the heart's electrical signal.

It pairs over Bluetooth with a bedside box or a smartphone app, which uploads to your cardiologist's monitoring center once a day, or more often if there are alerts. Long pauses, sustained AFib or sustained ventricular tachycardia trigger a same-day or next-day call.

WHO IT'S FOR

When short monitors keep missing it

Unexplained fainting
More than one spell, a normal basic workup and a story that doesn't fit classic vasovagal fainting.

A stroke of unclear cause
In the CRYSTAL-AF trial the monitor found hidden atrial fibrillation (AFib) in 30% of people at 36 months, versus 3% with usual care.

Rare palpitations
Episodes that sound like a real rhythm problem but come too seldom for a patch worn 2 weeks or 30 days.

If your event happens once a year, the odds of catching it on a 2-week patch are roughly 1 in 26. Over a 3-year loop recorder window they are close to 100%.

Use the button

When you have symptoms, press the patient button on the bedside monitor or tap the symptom button in the app. It marks the tracing so your team can see that exact moment. Keep the monitor plugged in and in range, or keep the app installed and active.

IMPLANT DAY, RECOVERY AND WHEN TO CALL ARE ON THE BACK

IMPLANT DAY AND AFTER

What to expect, and when to call

IMPLANT DAY

Before you come	No fasting. Eat breakfast and take your medications as usual. Most teams continue blood thinners, so don't stop or change anything without explicit instructions. Shower, skip lotion and deodorant on the left chest, and wear a button-down shirt.
The procedure	A numbing shot stings for about 5 to 10 seconds. Through a nick about 6 to 8 mm long, a delivery tool slides the device under the skin, and a single dissolvable stitch or surgical glue closes it. You may feel pressure, and if anything hurts, tell the team so they can add more numbing medicine.
Going home	The team checks that the device is talking to your monitor or app, then watches you for 15 to 30 minutes. Most people drive themselves home. Plug in the bedside monitor near your bed, usually within 6 to 10 feet.

RECOVERY AND DAILY LIFE

Site care	Keep the bandage dry for 24 to 48 hours, then let shower water run over the site without scrubbing. No bath, hot tub or swimming for at least 7 to 10 days. Let the glue fall off on its own.
Activity	No lifting over 10 to 15 pounds and no push-ups, pull-ups or kettlebell swings for one week. Light arm use and driving are fine right away, unless your fainting or stroke already limits driving. Most people are back at a desk the same or next day.
Soreness	Usually mild, lasting 2 to 4 days. Acetaminophen (Tylenol) is enough for most people. Avoid ibuprofen and naproxen for the first few days.
Longer term	No exercise limits after the first week, and baths, swimming and hot tubs are fine after 7 to 10 days. Before any MRI, tell the ordering provider, so your cardiology team can check the device before and after the scan.

CALL THE OFFICE

Signs of infection	Redness spreading more than a centimeter from the site, warmth, thick or lasting drainage, pain that keeps getting worse, or fever over 100.4°F.
The device or monitor	Within a day for a new lump, a device that feels like it's working its way out, or a bedside monitor that hasn't talked to the device for more than 24 hours.

CALL 911 OR GO TO THE ER

Emergencies	Severe chest pain, sudden shortness of breath, fainting with injury, or signs of stroke such as sudden weakness, slurred speech, vision loss or a severe headache. The recorder doesn't replace emergency care.

WHAT IT CAN FIND

Confirmed AFib leads to a talk about blood thinners. A long pause or slow rhythm points toward a pacemaker, and sustained ventricular tachycardia toward a defibrillator. A trained person reviews every alert first, because many are false alarms. If years pass with nothing found, that is useful too.

READ THE FULL ARTICLE

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For education only, and not a substitute for advice from your own physician. Sources include the CRYSTAL-AF trial (NEJM 2014), the 2023 ACC/AHA/ACCP/HRS atrial fibrillation guideline, the 2017 ACC/AHA/HRS syncope guideline and the 2024 ACC pathway on rhythm monitoring after stroke.

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