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Choosing a Rhythm Monitor

The right heart monitor matches how often your symptoms happen, and a normal result is not always the final word.

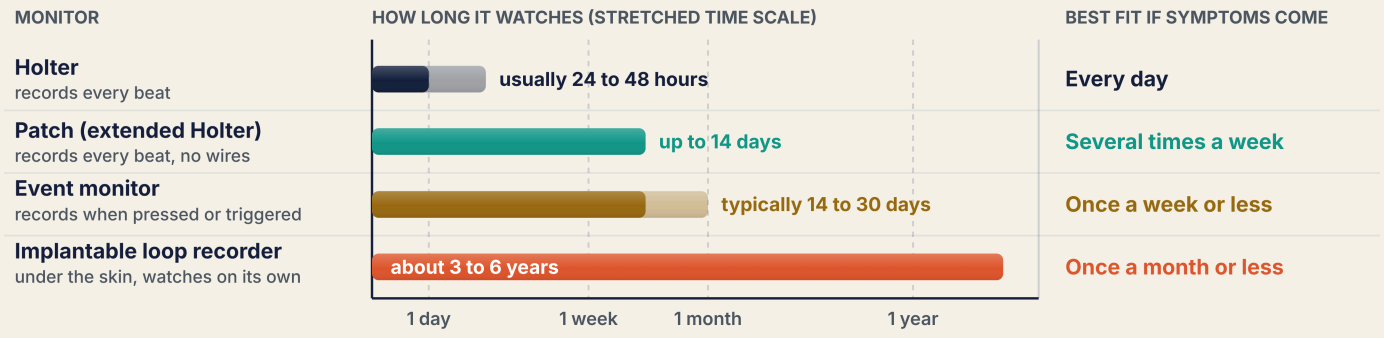
24 to 48 h
is the usual Holter recording, with every heartbeat saved

14 to 30 days
is the typical event monitor wear, recording when you press it or it detects a rhythm

About 15 min
to place a loop recorder under the skin, with local numbing, as an outpatient

HOW EACH MONITOR WORKS

Longer monitors for rarer symptoms



A **patch** such as the Zio is an extended Holter worn for up to 14 days. An **event monitor** saves a recording when you press it or when it detects an abnormal rhythm. A **loop recorder**, about the size of a USB stick, sits under the skin of the chest.

IF YOUR MONITOR COMES BACK NORMAL

A normal result may just mean bad timing

1. **Ask if it was long enough**
   A normal monitor rules things out only if it was likely to catch the rhythm. No symptoms while you wore it leaves the question open.
2. **Step up to a longer one**
   After a normal Holter, the next step is usually a 14-day patch or a 30-day event monitor.
3. **Ask about a loop recorder**
   If several monitors were normal and symptoms continue, a loop recorder finds much more than repeat 30-day monitors.

Fainting, near fainting or palpitations with passing out move a loop recorder earlier, because missing the rhythm has severe consequences.

Keep a diary

Write down each symptom and its time while you wear a monitor. The report checks your rhythm at those moments. A symptom during a captured abnormal rhythm points to that rhythm as the cause.

LIVING WITH A MONITOR, RESULTS AND WHEN TO CALL ARE ON THE BACK

WEARING IT, AND WHAT COMES NEXT

Living with a monitor and reading the results

WEARING A MONITOR

Patch or Holter	The patch is smaller and easier to wear, with no chest strap or wires. It usually records one lead, compared with 2 or 3 on a traditional Holter, which can occasionally limit what the tracing shows. For most palpitation workups the patch is excellent.
Showering	Many patch monitors are water-resistant and can stay on in the shower. Traditional Holters and most chest-strap event monitors have to come off. Instructions vary by device, so check with your monitoring service.

THE IMPLANTABLE LOOP RECORDER

Who gets one	People with rare but concerning symptoms, unexplained fainting, a stroke with no clear cause (to look for hidden atrial fibrillation, or AFib), or known AFib that needs tracking after treatment.
Placement	Usually done as an outpatient under local numbing. Through a small cut on the chest, the device slides under the skin, and stitches or surgical glue close it. It takes about 15 minutes, and most people are back to normal activities within a day or two.
What it sends	It records all the time but sends data only when it detects a serious rhythm, when you press the activator, or during scheduled summaries. The monitoring service tells your cardiologist about serious findings.
Removal	A brief outpatient procedure, much like placement, when monitoring is no longer needed or the battery runs down. Some people keep it in for ongoing watching.

IF IT CATCHES A RHYTHM

Atrial fibrillation	Leads to a talk about blood thinners and rhythm treatment.
Pauses or heart block	If long or serious, leads to a talk about a pacemaker.
Ventricular tachycardia	Leads to an evaluation for an implanted defibrillator (ICD).
A fast normal rhythm	With a normal EKG, this often points away from the heart and toward other causes to look into.

WHEN TO GET HELP

Call 911	For fainting, near fainting with palpitations, chest pain that doesn't let up, or any sense of being unwell with rhythm symptoms. Wearing a monitor doesn't change what counts as an emergency.
Same day	Call your cardiologist for new near fainting, palpitations with shortness of breath at rest, or any change in your symptom pattern.
Within 1 to 2 weeks	Book a visit for steady, ongoing palpitations, especially after a monitor came back normal, to plan the next monitor or look at other causes.

WHY NOT START WITH THE LONGEST?

Longer isn't always better. For daily symptoms, a 24-hour Holter gives the answer faster and at lower cost than a 30-day monitor. Each step up in length makes sense when a shorter monitor hasn't given the answer or symptoms come too seldom for it.

READ THE FULL ARTICLE

damianrasch.com/
rhythm-monitoring-comparison

For education only, and not a substitute for advice from your own physician. Sources include the 2017 ISHNE-HRS consensus statement on ambulatory monitoring, the 2018 ESC syncope guidelines, the 2021 AHA/ASA stroke prevention guideline and Barrett et al. (American Journal of Medicine 2014).

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