urnal of M nplants & rgery

Mansour et al., J Med Imp Surg 2024, 9:2

Guardians of the Heart: Understanding Implantable Cardioverter Defibrillators

Abdulrahman Mansour[1]*, Khalid Dossari[2] and Abdullah Zahrani[2]

[1]*Department of Cardiothoracic Surgery, Umm Al-Qura University (UQU), Saudi Arabia*
[2]*Department of Neurosurgery, King Khalid University (KKU), Saudi Arabia*

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 o W cardin oe wB case report 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 de brillators (ICDs):

remains a need for a comprehensive understanding of these devices among healthcare professionals, patients, and caregivers. is 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 utiliation, and adherence to evidencebased guidelines

Case presentation:

Mr. A;

Mr. B:

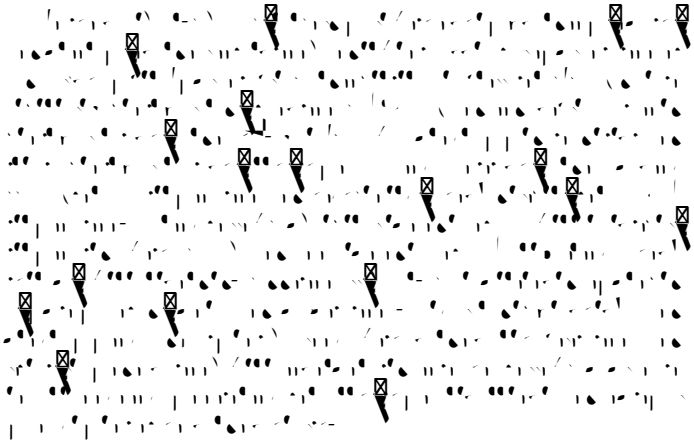
***Corresponding author:** Abdulrahman Mansour, Department of Cardiothoracic Surgery, Umm Al-Qura University (UQU), Saudi Arabia, E-mail: abdul.rahman_m@uqu.sa

Received: 01-Mar-2024, Manuscript No. jmis-24-133333; **Editor assigned:** 04-Mar-2024, Pre QC-No. jmis-24-133333 (PQ); **Reviewed:** 18-Mar-2024, QC No: jmis-24-133333; **Revised:** 22-Mar-2024, Manuscript No. jmis-24-133333 (R); **Published:** 29-Mar-2024, DOI: 10.4172/jmis.1000220

Citation: Mansour A (2024) Guardians of the Heart: Understanding Implantable Cardioverter Defibrillators. J Med Imp Surg 9: 220.

Result and Discussion

Result:



Discussion:

Acknowledgment

,,'

Con ict of Interest

,,'

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 fap for reconstruction of composite maxillary defects. Head and Neck 28: 297-304.
3. Clark JR, Vesely M, Gilbert R (2008) Scapular angle osteomyogenous fap 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 classifcation. Head and Neck 19: 309-314.
5. Moreno MA, Skoracki RJ, Hanna EY, Hanasono MM (2010) Microvascular free fap reconstruction versus palatal obturation for maxillectomy defects. Head and Neck 32: 860-868.
6. Brown JS, Rogers SN, McNally DN, Boyle M (2000) a modifed classifcation for the maxillectomy defect. Head & Neck 22: 17-26.
7. Shenaq SM, Klebuc MJA (1994) Refnements in the iliac crest microsurgical free fap 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)