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Concept of Automated Implantable Cardioverter Defibrillator and its Classifications

Navap Zhu^{*}

Department of Cardiology, University of texas, China

INTRODUCTION

Installed cardioverter-defibrillators (ICDs) or cardioverter-defibrillators (AICDs) are automatically fitted with cardioverter-defibrillators that can perform defibrillation, depending on the type, defibrillators and pacemakers. ICD is the first and prophylactic treatment option for patients at risk of sudden cardiac death due to ventricular fibrillation and ventricular tachycardia. "AICD" is a trademark registered with Boston Scientific Corporation, hence "common" ICD "is a recommended name. One-chamber ICD with a right ventricular electrode connected to the head. Note that it starts at the end of the lead ring, tip, and first ring nearby, which is used to sense the electrical activity of the heart and move two rings of the right ventricle, coil, and atria sensor Battery for modern devices Technological advances (batteries with large capacity or, in some cases, rechargeable batteries) may increase this by 10 years.

DESCRIPTION

Classification of The life span of cords (electrical wires that connect the device to the heart) is very long, but they need to be replaced as they can lead to various types of malfunctions, especially improper installation and broken conductors. The ICD generator is shown in the upper left chest while the ICD electrode is shown in the right ventricle. Note the two dark coils near the ICD electrode. The process of installing an ICD program is similar to installing a cardiac pacemaker. In fact, the ICD consists of an ICD generator and cables. The first component or generator contains a computer chip or circuit with RAM, programmable software, capacitors, and battery. Classification of It is usually placed under the skin of the upper left breast. The second part of the system, like the pacemaker, consists of one or more electrode wires that connect to the generator and are transmitted to the arteries to the right ventricle of the heart. The reeds are usually located at the top or septum of the right ventricle. Similar to a pacemaker, the ICD can be single wire or lead (right ventricle, single chamber ICD), dual chamber (right ventricle and right ventricle, dual chamber ICD), or three channels (both ventricle ICD) in the heart. The ability to hold something, on the right ventricle on the right ventricle on the outer wall of the left ventricle. The difference between a pacemaker and an ICD is that the pacemaker can also be used as a temporary tool and is usually designed to correct slow heartbeats, while ICDs permanently reside in life-threatening arrhythmias. It is usually a defensive measure. Numerous clinical studies have shown higher levels of ICDs than AADs (antiarrhythmic agents) in preventing death from malignant arrhythmias. It has shown great benefit in all-cause causes of death in ICD patients. Patients with congestive heart failure who were diagnosed with ICD showed total death from placebo and a decrease in total points for the majority of people after years [1-5].

CONCLUSION

A study of anti-inflammatory drugs and implanted cardioverter-defibrillators included patients, and additional mortality in patients treated with AAD. Used to sense electrical activity of the heart and stimulate the two right ventricle rings, the coil, and the atrial sensation. Please. Battery for modern devices Technological advances.

ACKNOWLEDGMENT

The author is grateful to the journal editor and the anonymous reviewers for their helpful comments and suggestions.

CONFLICT OF INTEREST

The author declared no potential conflicts of interest for the research, authorship, and/or publication of this article.

Received:	29- March- 2022	Manuscript No:	IPIC- ipic-22-13392
Editor assigned:	31- March- 2022	PreQC No:	IPIC- ipic-22-13392 (QC)
Reviewed:	14- April - 2022	QC No:	IPIC- ipic-22-13392
Revised:	19- April - 2022	Manuscript No:	IPIC - ipic-22-13392 (R)
Published:	26- April - 2022	DOI:	10.21767/2471-8157.8.4.16

Corresponding author Navap Zhu, Department of Cardiology, University of texas, China, E-mail: navapzhu@gmail.com

Citation Navap Z (2022) Concept of Automated Implantable Cardioverter Defibrillator and its Classifications. Interv Cardiol J .8 .4:16

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REFERENCE

- Kleemann T, Becker T, Doenges K, Vater M, Senges J, et al (2007) Annual rate of transvenous defibrillation lead defects in implantable cardioverter-defibrillators over a period of >10 years. Circulation. 115 (19): 2474–80.
- Simpson, Christopher S (2007) Implantable cardioverter defibrillators work – so why aren't we using them? CMAJ. 177 (1): 49–51.
- 3. Lown B, Axelrod P (1972) Implanted standby defibrillators.

Circulation. 46 (4): 637–9.

- Rivera NT, Bray N, Wang H, Zelnick K, Osman A et al (2014) Rare infection of implantable cardioverter-defibrillator lead with Candida albicans: Case report and literature review. Ther Adv Cardiovasc Dis. 8 (5): 193–201.
- Sears SF Jr, Todaro JF, Lewis TS, Sotile W, Conti JB (1999) Examining the psychosocial impact of implantable cardioverter defibrillators: A literature review. Clin Cardiol. 22 (7): 481–89.