A 45-year-old man was admitted for a new ICD lead due to significant worsening of lead parameters (increase in impedance and decrease in amplitude) over several months. He had a single-chamber ICD inserted 1 year previously (in a subpectoral pocket) for an out-of-hospital VF arrest and also underwent percutaneous coronary intervention. The patient had since used the gym regularly and in particular performed a number of repetitive weight training chest exercises.

At surgery, the generator was mobile within the pocket and the lead found to be twisted around itself multiple times between the generator and suture sleeve, accounting for the shortening in length and consequent change in lead parameters. In total, 53 turns were required to straighten the lead. The lead was subsequently extracted without complication and a new lead inserted. The generator was sutured into the pectoral muscle and secured to prevent further torsion.

Twiddler’s syndrome has been well described in patients with ICDs. This case represents a form of inadvertent, exercise-induced Twiddler’s syndrome and highlights the importance of educating such patients on the type of exercise they can safely perform.