patients and long-term clinical and radiological follow-up would be necessary.

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Available online 18 June 2011

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doi:10.1016/j.rec.2011.03.018

Use of an Explanted Pacemaker Connected to a Regular Screw-in Lead for Temporary Pacing

Utilización de un marcapasos explantado conectado a un electrodo clásico de fijación activa para estimulación ventricular temporal

To the Editor,

In transcatheter aortic valve implantations (TAVI), temporary transvenous pacing is essential for rapid pacing as well as for backup pacing. The use of a temporary ventricular pacing wire may be associated with lead displacement and right ventricular perforation, and limits patient mobilization in case of femoral access. We hereby report our experience using a temporary pacing strategy in TAVI that allows immediate patient mobilization and potentially safer prolonged temporary pacing.

A 58-cm bipolar screw-in lead (Tendril 1888 TC, St Jude Medical) is inserted under aseptic conditions via the internal jugular vein through a peel-away introducer (FlowGuard 7F-sheath, Enpath Medical Inc) and subsequently advanced to the right ventricle under fluoroscopic guidance using a preshaped stylet. The helical screw is extended using the fixation tool provided with the lead, with confirmation of helix extension by fluoroscopy. Satisfactory electrical parameters are capture threshold <1.5 V/0.5 ms and R-wave sensing amplitude >4 mV. The lead is then fixated to the skin using the suture sleeve, and sterile dressing is placed over the insertion site. High-rate pacing is achieved using crocodile clips connected between the lead and a pacemaker analyzer. For prolonged backup pacing, the pacemaker lead is connected (Fig. 1) to an explanted conventional permanent pacemaker (<3 years old), retrieved from deceased patients or from those requiring device upgrade. Prior to use, explanted pacemakers are thoroughly cleaned but not sterilized, as they remain outside the sterile field. The pacemaker is programmed for backup single chamber ventricular pacing.

![Figure 1. Chest X-ray after CoreValve implantation (black arrow). A screw-in lead was inserted via the right internal jugular vein (long white arrow), fixated to the right ventricle apex (short white arrow), and connected to an explanted permanent pacemaker.](image-url)
Our 180-bpm 50.5 after was neck of discharged perforation the temporary pacemaker percentage advent pacing permanent leads. Chihrin et al. showed cost equivalence after only 18 h and cost saving thereafter when active fixation leads are used instead of conventional temporary leads. Earlier patient mobility and a potentially decreased risk of complications (lead displacement or perforation), may also improve outcome and save costs.

This strategy, using an explanted permanent pacemaker connected to a regular screw-in lead, may also be of interest in other procedures at risk of inducing atrioventricular block (eg, alcohol septal ablation) or in clinical settings requiring prolonged temporary pacing.

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Available online 23 May 2011

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doi:10.1016/j.ijrc.2011.01.004