



Lead Management & Lead Extraction Sessions

Lead Management Sessions

- 019 How To Manage Device Leads and Recalls
- 052 Managing Lead Nightmares
- 117 What Do I Do With This Lead?
- 145 Breaking Bad - How to Diagnose, Avoid and Mange Lead Issues

Lead Extraction Sessions

- 040 Rapid Fire: Challenging CRT Cases
- 048 Rapid Fire Cases: Clinical EP from Lab to Floor and Beyond
- 112 Practical Approach to the Use of New Tools and Techniques in Complex Ablation and Device Implantation Procedures
- 125 CRT Boot Camp - Tips and Tricks for Implantation and Follow-up
- 153 Special Considerations for Challenging Lead Extractions

LEAD MANAGEMENT

How-To

019 How To Manage Device Leads and Recalls

Thursday, May 11, 2017 8:00 AM - 9:30 AM

Session Description: This session will focus on lead management issues from spotting lead fractures or insulation breaks, remote monitoring and early recognition of potential problems to discussion of when to extract.

Learning Objectives 1: To discuss indication for extraction of recalled leads

Learning Objectives 2: To outline standardized follow up of leads/devices with appropriate recognition of impending problems

Learning Objectives 3: To identify markers of impending lead failure early by remote monitoring

<u>Presentation</u>	<u>Name</u>
Chair	Helen M. McFarland, RN. University of Michigan, Ann Arbor, MI
Why Do Leads Fail? What Have We Learned From Previous Recalls and Industry Reports	Rutuke K. Patel, PA-C. Temple University Hospital, Philadelphia, PA
Remote Monitoring of CIEDs-Interpreting Lead Trends and Other Diagnostics to Catch Problems Early	Lynn M. Brewer, CCDS. The Heart Group of Lancaster General Health, Lancaster, PA
Indications for Lead Extraction of the Recalled Lead-Is There New Information Out There?	Scott Kruchan, RN, BSN, CCDS. Cleveland Clinic, Cleveland, OH
Lead Extraction-Patient and Lab Prep, Risks, Reimplant Considerations	James Kulig, PA-C. Brigham and Women's Hospital, Boston, MA

Case Based Tutorial

052 Managing Lead Nightmares

Thursday, May 11, 2017 4:30 PM - 6:00 PM

Session Description: Interactive case based session where expert faculty will present cases from their practices to illustrate aspects of complex CIED lead issues and management.

Learning Objectives 1: To discuss approaches to complex CIED lead management.

Learning Objectives 2: To outline steps for optimal CIED lead management

Learning Objectives 3: To identify options related to complex CIED lead management.

<u>Presentation</u>	<u>Name</u>
Chair	Steven P. Kutalek, MD, FHRS, CCDS. Drexel University College of Medicine - Hahnemann University Hospital, Philadelphia, PA
Chair	Thorsten Lewalter, MD, PhD. Hospital Munich-Thalkirchen - Peter Osypka Heart Center, Munich, Germany
A Patient With Defibrillator Lead Noise - I Wish I Knew Now What I Didn't Know Then	Andrew E. Epstein, MD. University of Pennsylvania, Philadelphia, PA
A patient with an ICD and ineffective for shock therapy	Francois Philippon, MD, FHRS. Quebec Heart Institute, Ste-foy, QC, Canada
A patient with complex venous access - how I solved the problem.	Maria Grazia Bongiorni, MD. University Hospital of Pisa, Pisa, Italy
A patient with failed optimal LV lead placement - what now?	Seth J. Worley, MD, FHRS. The Heart and Vascular Institute of Lancaster General Hospital, Lancaster, PA

Case Based Tutorial

074 Case-based Discussion - What Do I Do With This Lead?

Friday, May 12, 2017 8:00 AM - 9:30 AM

Session Description: This case-based discussion will answer the question, what do I do with this lead?

Learning Objectives 1: To discuss approaches to managing chronically implanted leads.

Learning Objectives 2: To outline steps involved with deciding on lead extraction.

Learning Objectives 3: To identify options for chronic lead management.

<u>Presentation</u>	<u>Name</u>
Chair	Peter J. Kudenchuk, MD, FHRS, CCDS. University of Washington, Seattle, WA
Chair	Sergio G. Thal, MD, CEPS. Southern Arizona VA Health Care System, Tucson, AZ
Lead management in inpatients with complex anatomy where extraction may not be the best option	Kimberly Selzman, MD, MPH, FHRS. Salt Lake City VA Hospital, Salt Lake City, UT
A lead extraction case where the surgeon needs to be involved in operative planning - Surgical Perspective	Charles Kennergren, MD, PhD, FHRS. Sahlgrenska University Hospital, Gothenburg, Sweden
Should an SVC balloon be the new standard of care? A case illustration.	Jude Clancy, MD. Yale University School of Medicine, New Haven, CT
How device diagnostics can aid in making good decisions - a case where the lead is not the issue.	Charles Swerdlow, MD, FHRS, CCDS. Cedars-Sinai Medical Center, Los Angeles, CA

How-To

145 Breaking Bad - How to Diagnose, Avoid and Manage Lead Issues

Saturday, May 13, 2017 8:00 AM - 9:30 AM

Session Description: How to diagnose, avoid and manage CIED lead issues.

Learning Objectives 1: To discuss how to evaluate lead integrity

Learning Objectives 2: To outline the steps involved in lead evaluation

Learning Objectives 3: To identify features that predict lead survival and failure

<u>Presentation</u>	<u>Name</u>
Chair	Fred M. Kusumoto, MD, FHRS. Mayo Clinic, Jacksonville, FL
Chair	John A. Andriulli, DO, CCDS. Cooper University Hospital, Camden, NJ
How I use device diagnostics to make the best decisions for my CIED patients.	Charles Swerdlow, MD, FHRS, CCDS. Cedars-Sinai Medical Center, Los Angeles, CA
What implanters should know about lead design to minimize longterm complications.	John R. Helland, BSME. St. Jude Medical, Sylmar, CA
My implant technique pearls for optimal longterm lead performance.	Raghuveer Dendi, MD. University of Kansas Medical Center, Kansas City, KS
My approach to assessing and managing lead externalization.	Madhu Reddy, MD. University of Kansas Medical Center, Kansas City, KS

LEAD EXTRACTION

Rapid Fire Cases

C-040 Rapid Fire: Challenging CRT Cases

Thursday, May 11, 2017 10:30 AM - 12:00 PM

Session Description: This session will cover 6 challenging CRT related cases. An expert panel will review treatment options and offer insightful commentary.

Learning Objectives 1: To discuss the management of infected leads in patients with anatomical challenges.

Learning Objectives 2: To outline data regarding the use of CRT-P vs CRT-D.

Learning Objectives 3: To identify patients that may benefit from cardiac resynchronization therapy.

<u>Presentation</u>	<u>Name</u>
Chair	Charles A. Henrikson, MD, FHRS. Oregon Health and Science University, Knight Cardiovascular Institute, Portland, OR
My 80 yo patient with CHB, EF < 35%, DDD pacemaker is due for replacement- CRT-P or CRT-D?	J. Rod Gimbel, MD. Case Western Reserve University, Cleveland, OH
Panel Discussion Q & A	
My pacemaker patient is referred for upgrade to CRT-D - extract or cap the old lead?	Uma N. Srivatsa, MD, FHRS. University of California - Davis Medical Center, Sacramento, CA
Panel Discussion Q & A	
My patient referred for CRT has a RBBB -what device should I implant?	Ashish A. Bhimani, MD. University of Texas Galveston, Galveston, TX
Panel Discussion Q & A	
My patient referred for ICD and lead extraction with staph sepsis has an epicardial LV lead - what to do?	Dina Sparano, MD. University Hospitals Case Medical Center, Cleveland, OH
Panel Discussion Q & A	
Panel Discussion Q & A	
My patient with ESRD, left AV fistula, right sided CRT-D is dependent and infected? What is my approach?	Joshua M. Cooper, MD, FHRS. Temple University Hospital, Philadelphia, PA
Panel Discussion Q & A	

Panelist	Emile G. Daoud, MD, FHRS. The Ohio State University, Columbus, OH
Panelist	Jane Chen, MD, FHRS. Orlando VA Medical Center, Orlando, FL
Panelist	Mina K. Chung, MD, FHRS. Cleveland Clinic, Cleveland, OH

Case Based Tutorial

048 Rapid Fire Cases: Clinical EP from Lab to Floor and Beyond

Thursday, May 11, 2017 4:30 PM - 6:00 PM

Session Description: Case based interactive format provides review of clinical EP topics including complication recognition and treatment, syncope, and lead extraction.

Learning Objectives 1: To discuss appropriate indications and risks/benefits of lead extraction.

Learning Objectives 2: To outline appropriate management of syncope.

Learning Objectives 3: To identify the signs of EP lab complications and discuss treatment.

<u>Presentation</u>	<u>Name</u>
Chair	Heather M. Ross, DNP, ANP-BC, FHRS, CCDS, CEPS. Arizona Arrhythmia Consultants, Scottsdale, AZ
Chair	Aileen M. Ferrick, RN, PhD, ACNP, FHRS. Westchester Medical Center, Hawthorne, NY
EP procedure complication	Justina Antonio, PA-C. Monettefiore Medical Center, Bronx, NY
Syncope/POTS/IST	Andrea Schell, PA-C. Hospital of the University of Pennsylvania, Philadelphia, PA
Hemodynamic monitoring/support in EP lab	Erin E. Flatley, BSN, MSN. University of Chicago, Chicago, IL
Lead Extraction Case	David J. Orenstein, Biomedical Technology. Hadassah Medical Center, Jerusalem, Israel
Panelist	Gerilynn M. Schott, MSN, CRNP. University of California - San Francisco, San Francisco, CA
Panelist	James Armstrong, PA-C. St. Elizabeth's Medical Center, Boston, MA
Panelist	Monica Pammer, PA-C. University of Pennsylvania, Philadelphia, PA

Featured Symposium

C-112 Practical Approach to the Use of New Tools and Techniques in Complex Ablation and Device Implantation Procedures

Friday, May 12, 2017 8:00 AM - 9:30 AM

Session Description: With expanding techniques and tools for complex ablation and device implantation procedures, a variety of different approaches may be adopted at different centers. The “tricks of the trade” will be shared from around the globe in this joint session.

Learning Objectives 1: To describe use of new techniques and tools for complex ablation procedures for ventricular tachycardia and atrial fibrillation

Learning Objectives 2: To illustrate techniques of implanting leadless pacing systems while minimizing complications

Learning Objectives 3: To identify contemporary approaches and the latest tools for lead extraction

<u>Presentation</u>	<u>Name</u>
Chair	Andrea Sarkozy, PhD, MD. University Hospital of Antwerp, Edegem, Belgium
Chair	Andrea M. Russo, MD, FHRS. Cooper University Hospital, Camden, NJ
My Approach: Use of New Catheter Technology During Ablation of Ventricular Arrhythmias	Usha B. Tedrow, MD, MS, FHRS. Brigham and Women's Hospital, Boston, MA
My Approach: Use of New Catheter Technology During Ablation of Ventricular Arrhythmias	Sabine Ernst, MD. Royal Brompton Hospital, London, United Kingdom
My Approach: Leadless Pacemaker Implantation	Theofanie Mela, MD. Massachusetts General Hospital, Boston, MA
My Approach: New Tools for Lead Extraction	Maria Grazia Bongiorni, MD. University Hospital of Pisa, Pisa, Italy
Panelist	Cecilia M. Linde, MD, PhD. Karolinska Institute, Stockholm, Sweden
Panelist	Jeanne E. Poole, MD, FHRS, CCDS. University of Washington, Seattle, WA

Case Based Tutorial

125 CRT Boot Camp - Tips and Tricks for Implantation and Follow-up

Friday, May 12, 2017 4:30 PM - 6:00 PM

Session Description: This session will discuss tips and tricks for CRT implantation and follow-up. This highly educational session will provide practical suggestions for trouble shooting.

Learning Objectives 1: To identify implantation related problems in CRT patients.

Learning Objectives 2: To discuss how to manage complications.

Learning Objectives 3: To discuss how follow-up

<u>Presentation</u>	<u>Name</u>
Chair	J. Lacy Sturdivant, MD. Medical University of South Carolina, Mount Pleasant, SC
Chair	Bulent Gorenek. Eskisehir Osmangazi University Hospital, Eskisehir, Turkey
I can't implant the LV lead in an adequate, stable position	Jagmeet P. Singh, MD, PhD, FHRS. Massachusetts General Hospital, Boston, MA
Everything went well but my patient is not responding	John P. Boehmer, MD. Penn State College of Medicine and Surgery, Hershey, PA
How to reduce the number of appropriate shocks in a patient with CRT-D	Bulent Gorenek. Eskisehir Osmangazi University Hospital, Eskisehir, Turkey
Coronary sinus lead extraction	Roger G. Carrillo, MD, FHRS, CCDS. University of Miami, Miami, FL

Core Curriculum

153 Special Considerations for Challenging Lead Extractions

Saturday, May 13, 2017 10:30 AM - 12:00 PM

Session Description: The purpose of this session will be to review the approach to challenging lead extractions. This session is intended for audiences that routinely perform extractions. Potential session talks: 1. When not to extract 2. Leads that require special consideration during extraction 3. Advanced imaging: how to recognize leads within the lumen or adherent to SVC wall 4. Managing complications: alternative approaches to vascular tears with vascular stenting. 5. Debate: Pro vs. Con - To Pull or not to Pull: Managing redundant leads

Learning Objectives 1: To identify high risk features that should sway extractors away from recommending percutaneous lead extraction

Learning Objectives 2: To identify potentially challenging leads that require special preparation during percutaneous extraction

Learning Objectives 3: To discuss pros and cons of managing redundant leads - knowing when extraction makes most sense

<u>Presentation</u>	<u>Name</u>
Chair	Roger G. Carrillo. University of Miami, Miami, FL
Chair	Jonathan P. Piccini, MD, MHS, FHRS. Duke University Medical Center, Durham, NC
Concerning Clinical features: when to defer percutaneous extraction	Bruce L. Wilkoff. Cleveland Clinic, Cleveland, OH
Using imaging to guide percutaneous extraction	Robert D. Schaller, DO. Hospital of the University of Pennsylvania, Philadelphia, PA
Leads that require special consideration during extraction	Charles A. Henrikson. Oregon Health and Science University, Knight Cardiovascular Institute, Portland, OR
Managing Redundant Leads - When not to Extract	Laurence M. Epstein. Brigham and Women's Hospital, Boston, MA
What We Can Learning from Measuring Extractor's Performance	JoEllyn C. Moore, MD. Minneapolis Heart Institute, Minneapolis, MN