ICD programming during VT ablation – The perils of not keeping it simple

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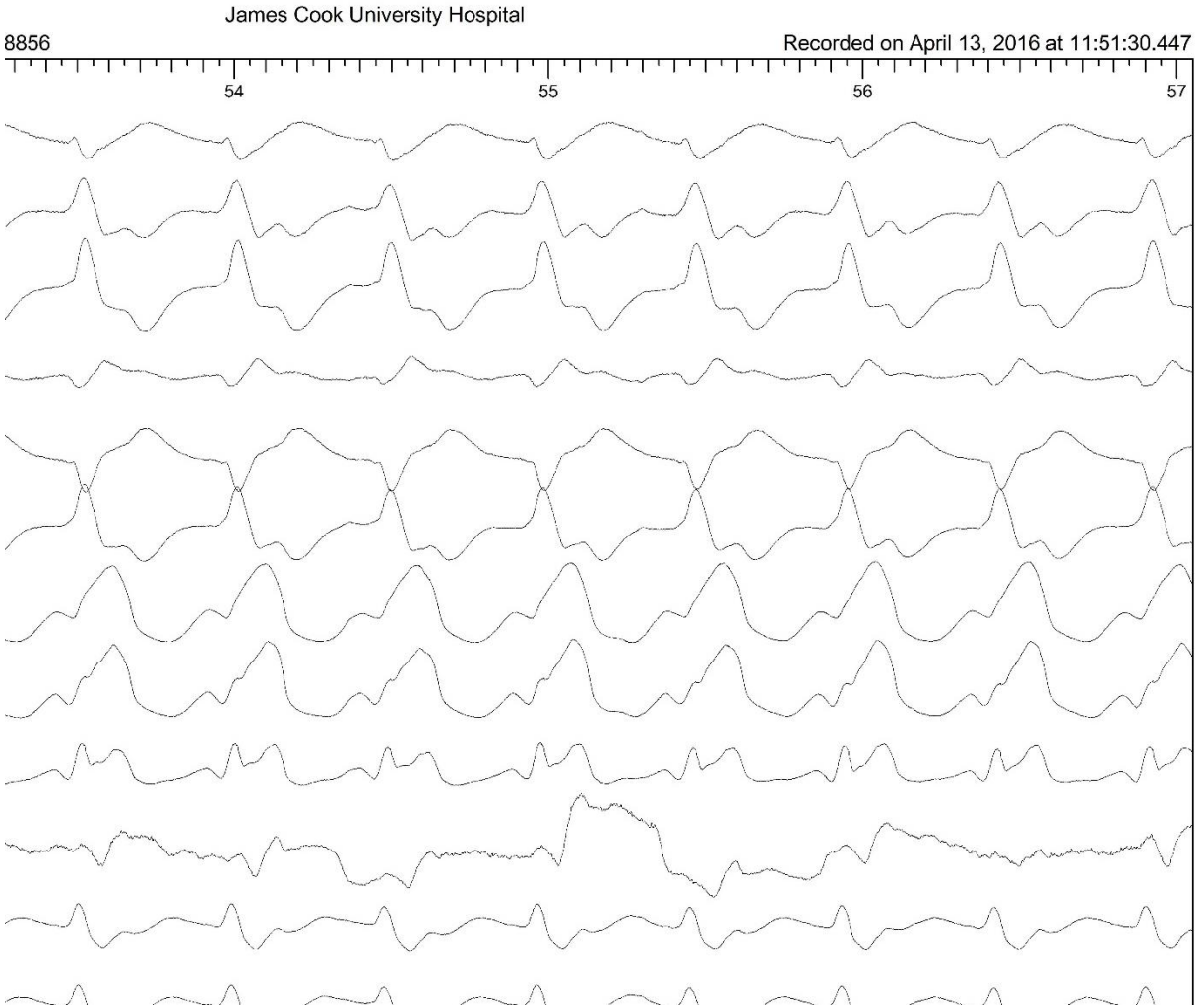
Case Summary

- 71 year man
- Ischaemic Cardiomyopathy – Chronically occluded LAD. EF<30%
- Boston Scientific Autogen EL DR-ICD implanted April 14
- Scheduled for VT ablation for due to recurrent shocks for monomorphic VT
- Marked sinus bradycardia and hypotension in lab, pacing mode programmed to DDDr with long AVD



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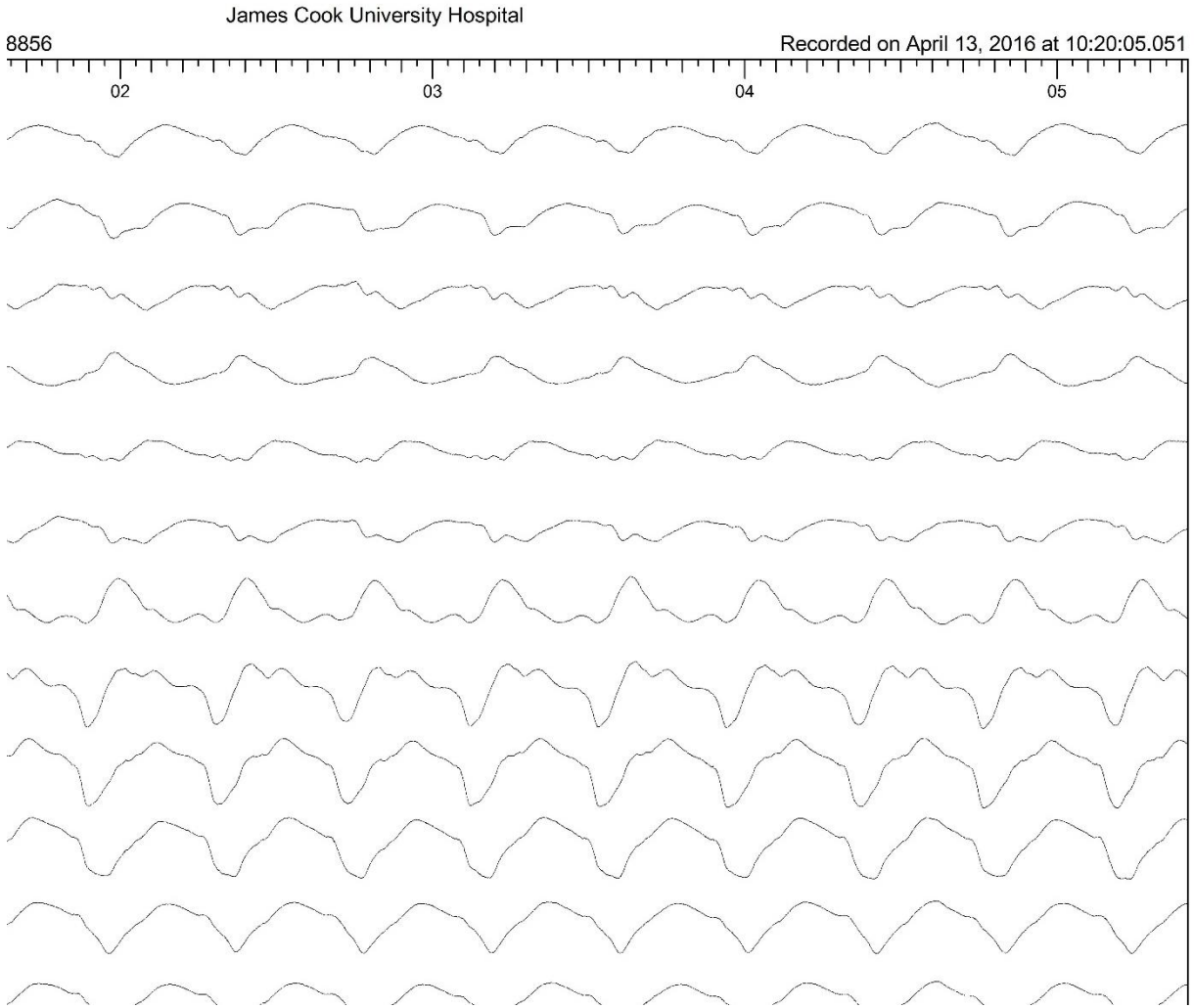

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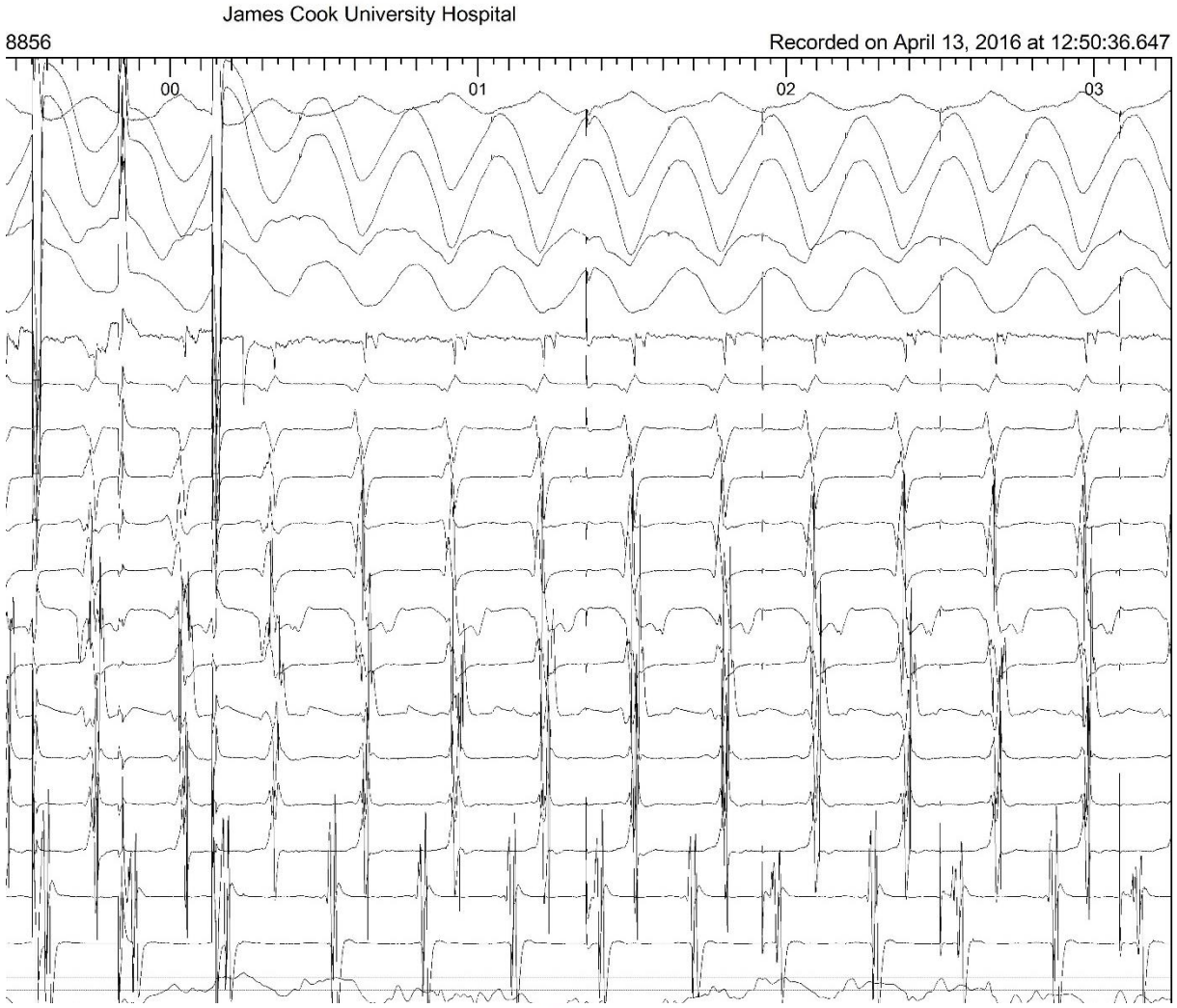
Ablation on

James Cook University Hospital
8856
Recorded on April 13, 2016 at 12:50:18.767
42
43
44
45



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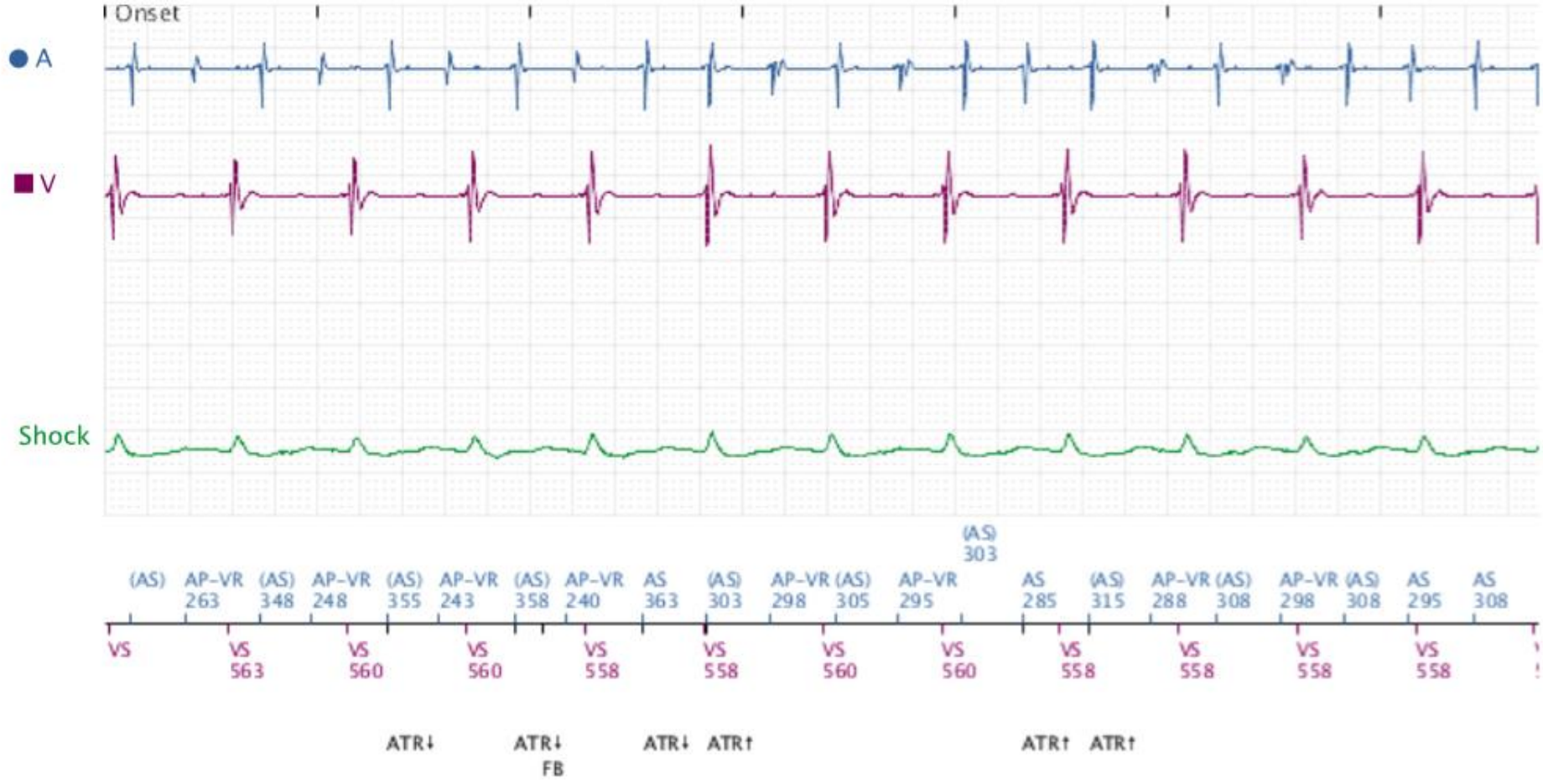
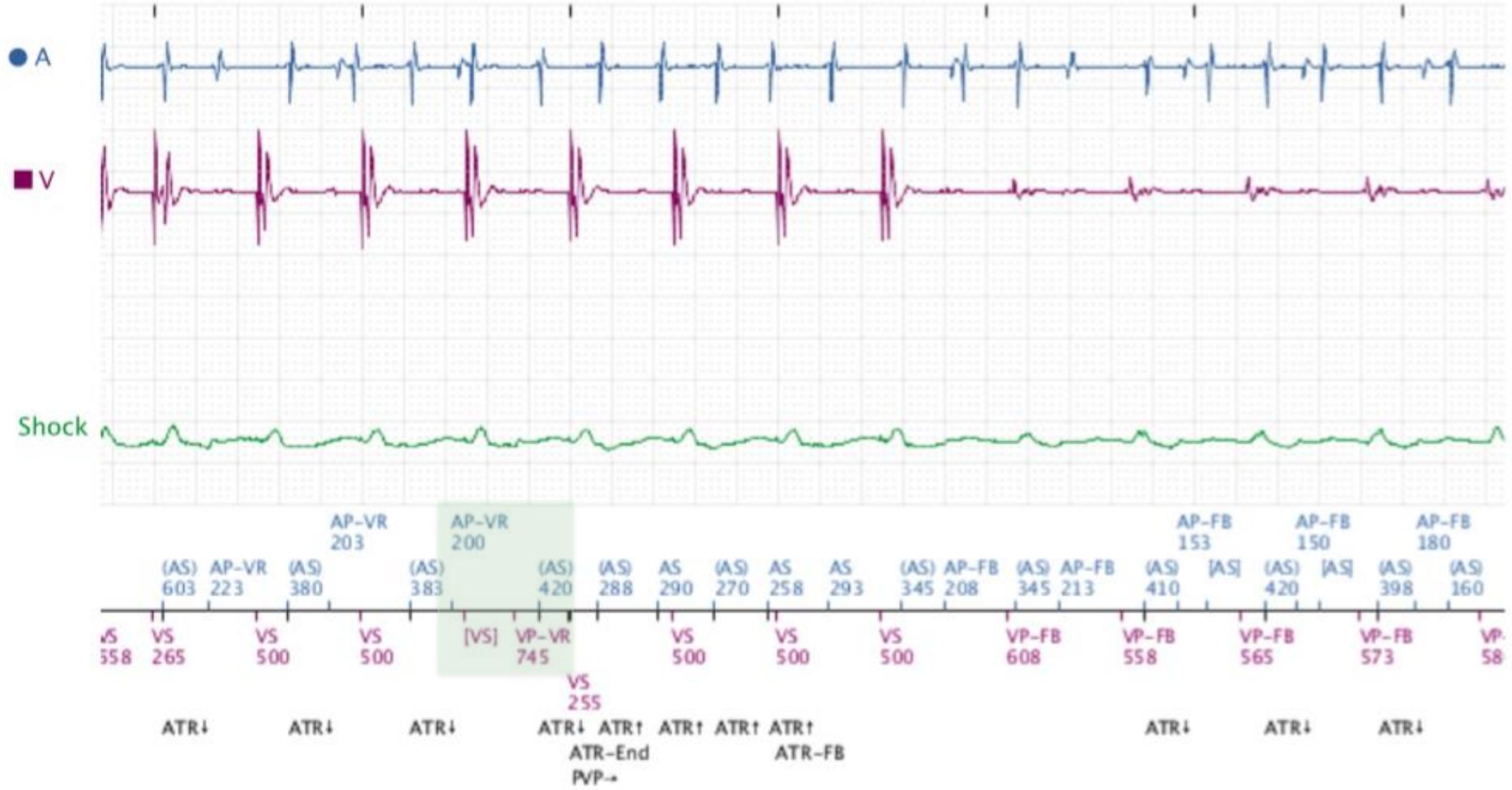
AV sequential pacing during VT

➔ V flutter and cardiac arrest

? cause

EGM displayed at 25mm per second





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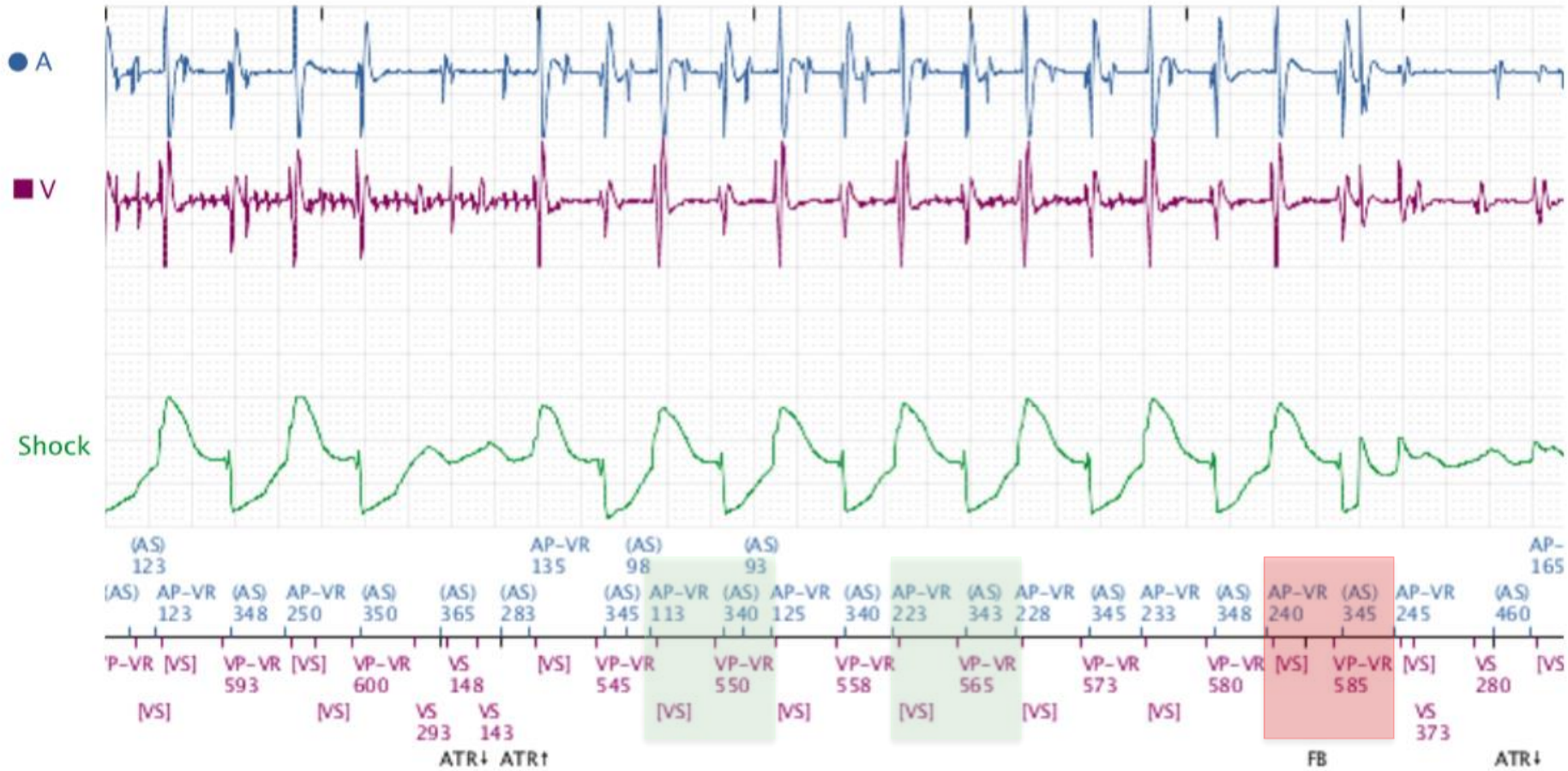

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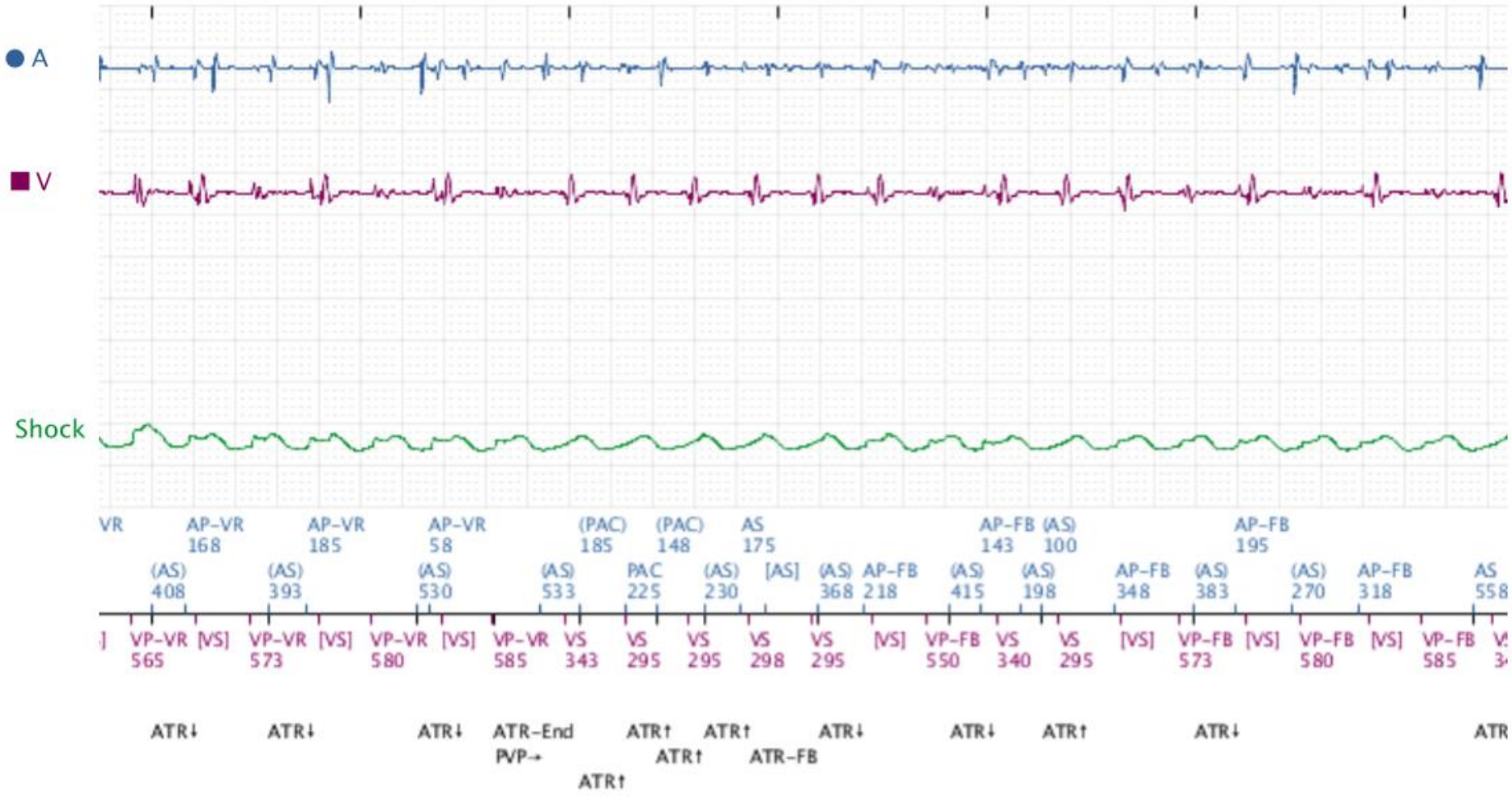

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Conclusions and Learning Points

- Normal device function, but pro-arrhythmic programming
- Danger of long AV delays in dual chamber pacing
- Keep it simple - Stick with ventricular on demand pacing wherever possible during ablation procedures