#### STS/EACTS Latin America Cardiovascular Surgery Conference

November 15-17, 2018
Hilton Cartagena | Cartagena, Colombia



# Lead Extraction in Patients with Congenital Heart Disease



#### Disclosures

- Roger G. Carrillo has served as a consultant to Spectranetics and Sensormatic; has received a research grant from St. Jude Medical; and has served on the Speakers Bureau for Medtronic, St. Jude Medical (Abbott), and the Sorin Group
- Adryan A. Perez has no disclosures.
- Project funding: None

### Purpose

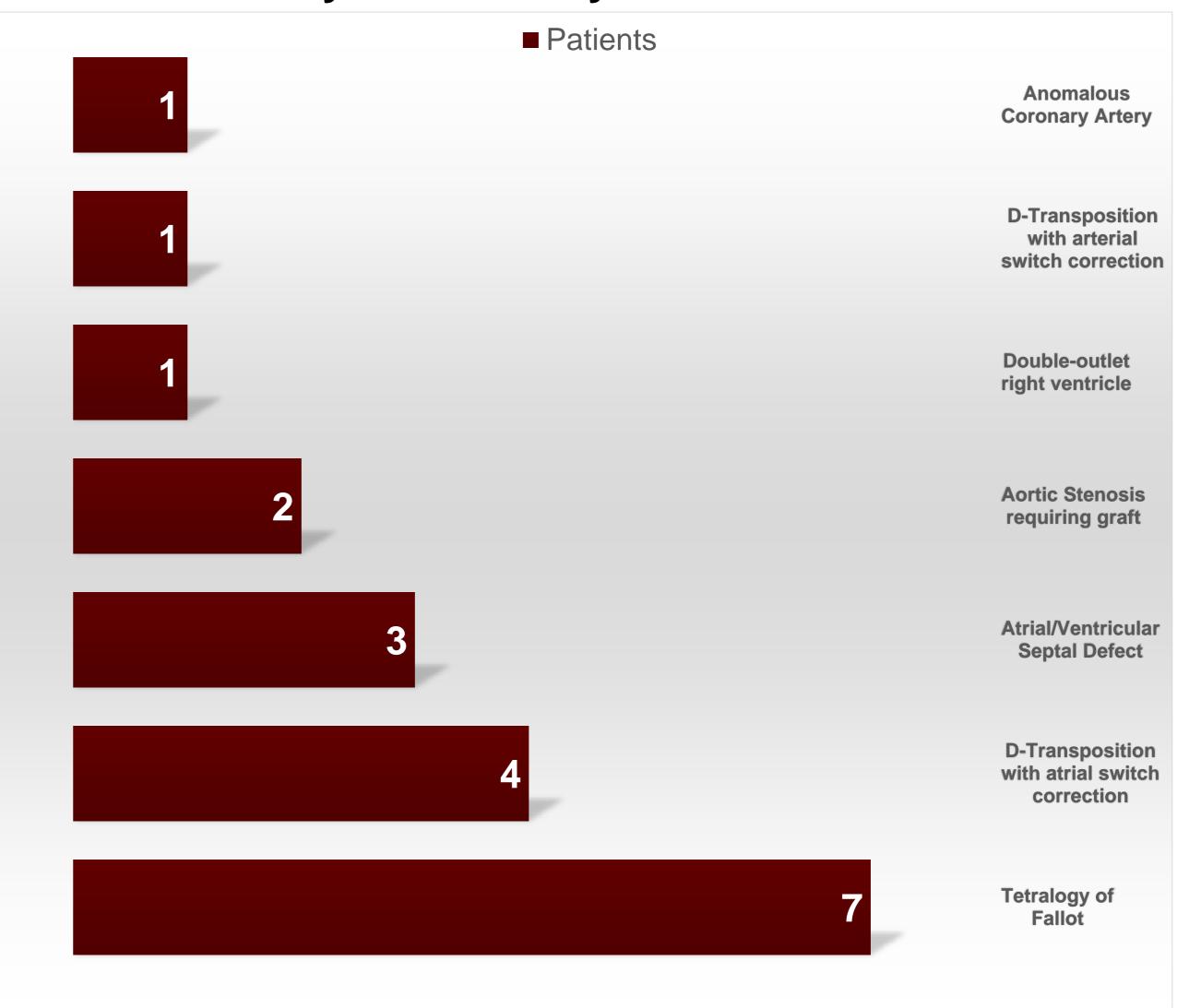
Some patients with congenital heart disease require cardiac electrical devices which may fail or get infected. Currently, there is sparse data on this complex population. There are anatomical challenges associated in this population and the risk of lead extraction remains understudied.



#### Methods

- Prospective, single center, 01/2003 to 07/2017, 19 patients with congenital heart defects and previous open heart surgeries undergoing lead extraction.
- All patients had gated preoperative CT scan of the chest.
- Summary statistics were generated for the following variables: age, sex, device extracted, lead dwell time, indication for extraction, approach, major and minor complications as defined by the 2017 Heart Rhythm Society Consensus, procedural success, length of stay, and survival at discharge.

#### Lead Extraction Registry Population from January 2003 to July 2017



#### Results and Conclusions

Laser lead extraction can be safely accomplished in the congenital heart disease population despite challenges from anatomic abnormalities.

| Variables                 | Congenital Heart Disease Patients (n= 19)  |
|---------------------------|--|
| Age                       | 37.9 (± 11.1)  |
| Sex, Female               | 8 (42%)  |
| Device Extracted          | 10 Defibrillators (53%), 6 Pacemakers (31%), 3 Cardiac Resynchronization Therapy- Defibrillators (16%) |
| Lead Dwell Time, Years    | 9.0 (± 9.6)  |
| Indication for extraction | 16 (84%) Non-Infectious, 3 (16%) Infectious  |
| Approach                  | 16 Subclavian (85%), 1 Internal Jugular (5%), 1 Transatrial (5%), 1 Left Thoracoscopy (5%)             |
| Length of Stay, Days      | 4.2 (± 2.3)  |
| Major Complication        | 0 (0%)   |
| Minor Complication        | 0 (0%)   |
| Procedural Success        | 19 (100%)  |
| Discharged Alive          | 19 (100%)  |

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