


[14] Viskin S, Rosse R. The top 10 reasons to avoid de

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eComment. Intraoperative implantable cardioverter defibrillator testing

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We read the article by Keyser et al. with interest [1]. They investigated 718 patients (60.0 ± 14.2 years; male, n = 570) who were treated with a first implantable cardioverter defibrillator (ICD) at their institution analysed since 2005.

Pacemaker and ICD implantation is often regarded as a simple and easy procedure, ideal for beginners in cardiac and general surgery. Pacemaker and ICD implantation has become a routine procedure in modern cardiology, and implantable cardioverter-defibrillators are implanted with increasing frequency. Although fatal complications are relatively rare, they may give rise to malpractice lawsuits against medical personnel [2]. A frequently under-diagnosed complication of pacemaker and implantable cardioverter defibrillator lead implantation is the unintentional advancement of the leads into the systemic circulation. Despite standardized procedures and improvements in the technique of pacemaker implantation, life threatening complications may still occur. Even in the hands of experienced physicians, pacemaker leads can be misplaced into the systemic circulation during implantation [3]. The most common complications of lead implantation through a coronary vein, however, are diaphragmatic stimulation, coronary sinus dissection, and lead dislodgement [4]. We think that detailed and careful consideration should be made during the process of installation of the device, not only to determine the appropriate defibrillation threshold, but also to determine the proper localization of ICD leads and mechanical complications. Accordingly, we agree with the authors that the testing of ICDs is a safe and efficient procedure.

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References


