

# Managing functional and non-functional leads



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# Transvenous Lead Extraction: Heart Rhythm Society Expert Consensus on Facilities, Training, Indications, and Patient Management

## Class IIb

Lead removal may be considered in patients with leads that are functional but not being used.

Lead removal may be considered at the time of an indicated CIED procedure, in patients with non-functional leads, if contraindications are absent.

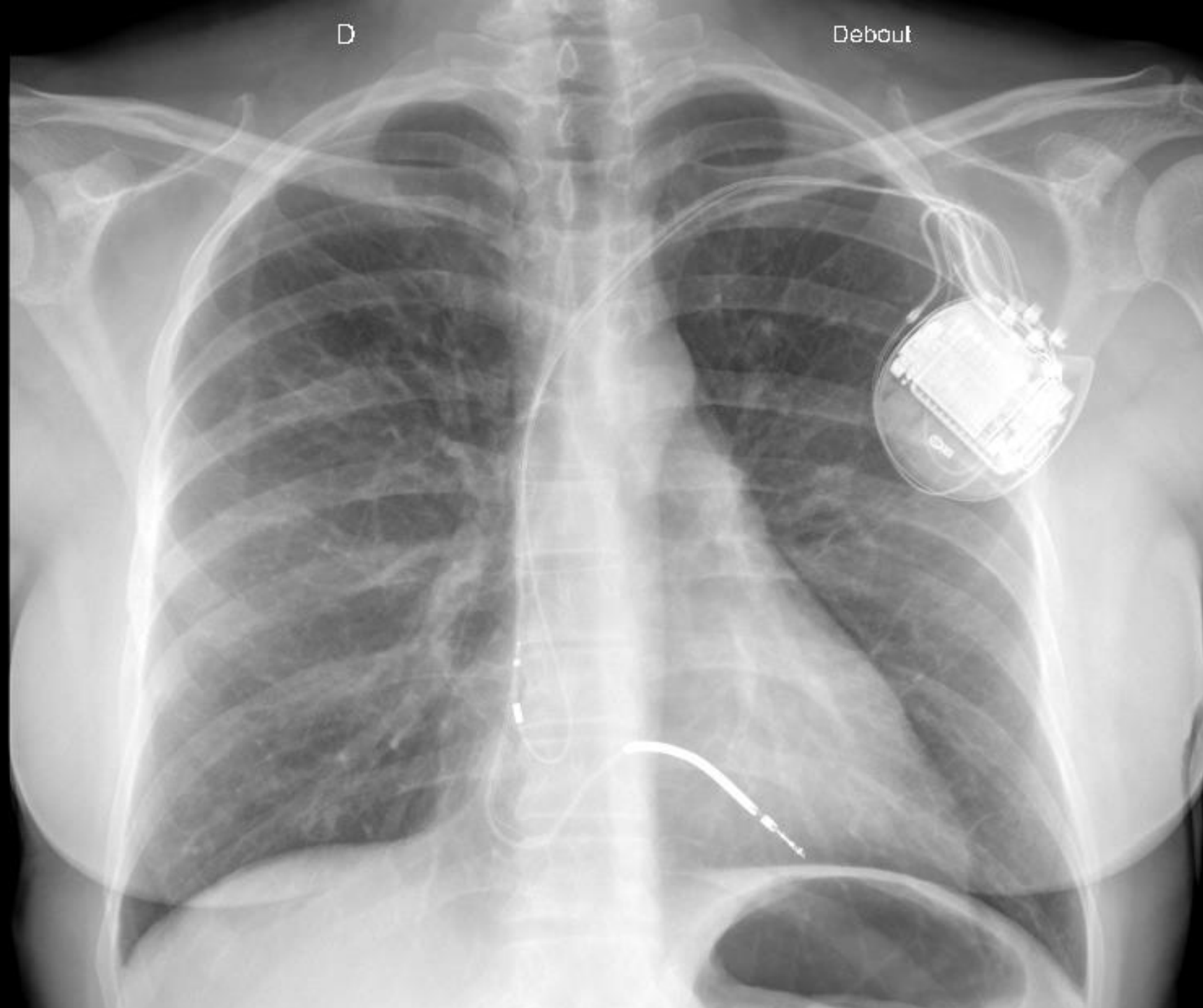
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Debout

- . 46 YO woman with LVNC
- . ICD secondary prevention 6 years ago
- . Single-coil Riata lead
- . Battery depletion

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Debout



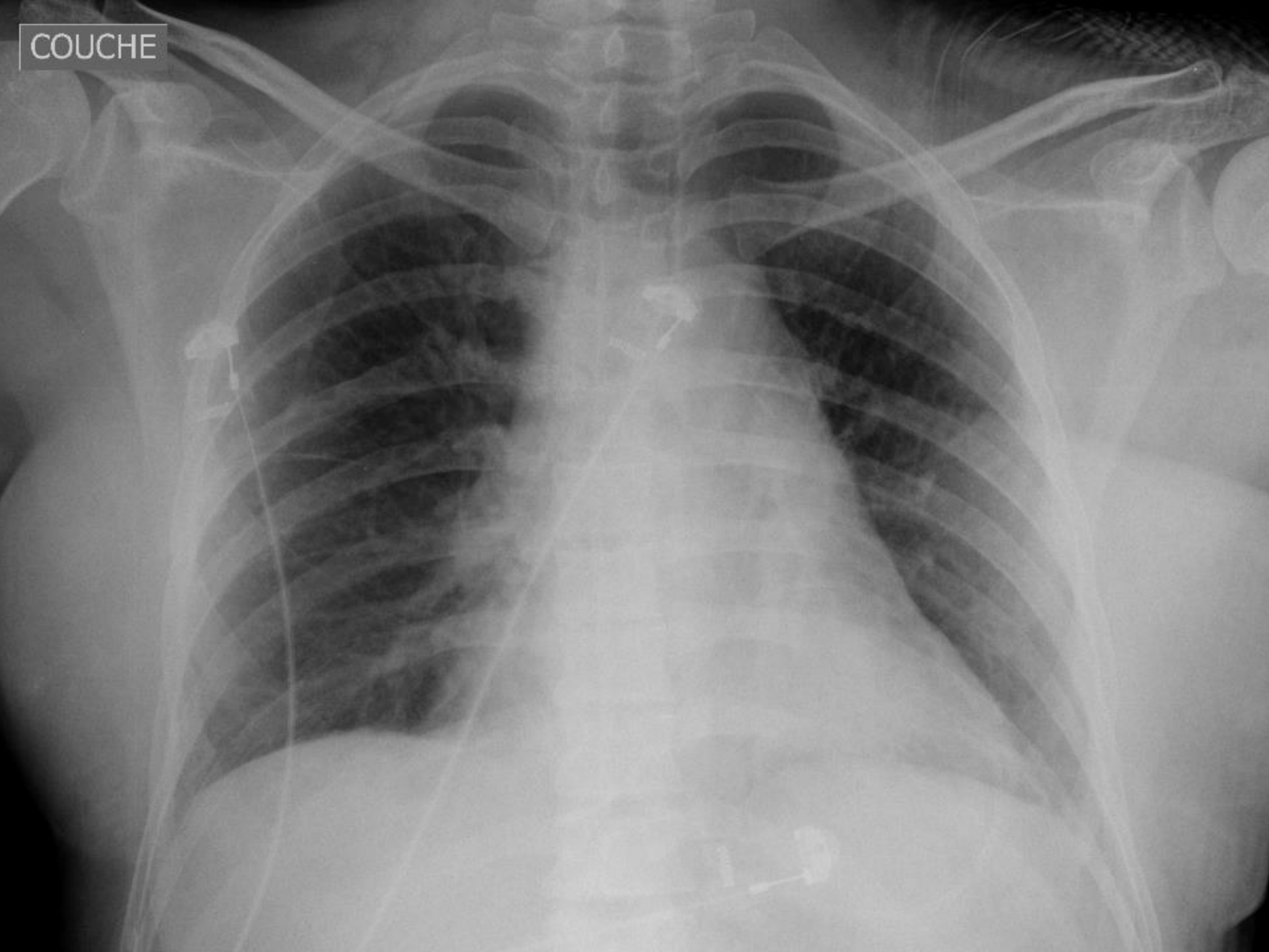


- . Excimer Laser extraction
- . 16 French sheath
- . Difficult ++

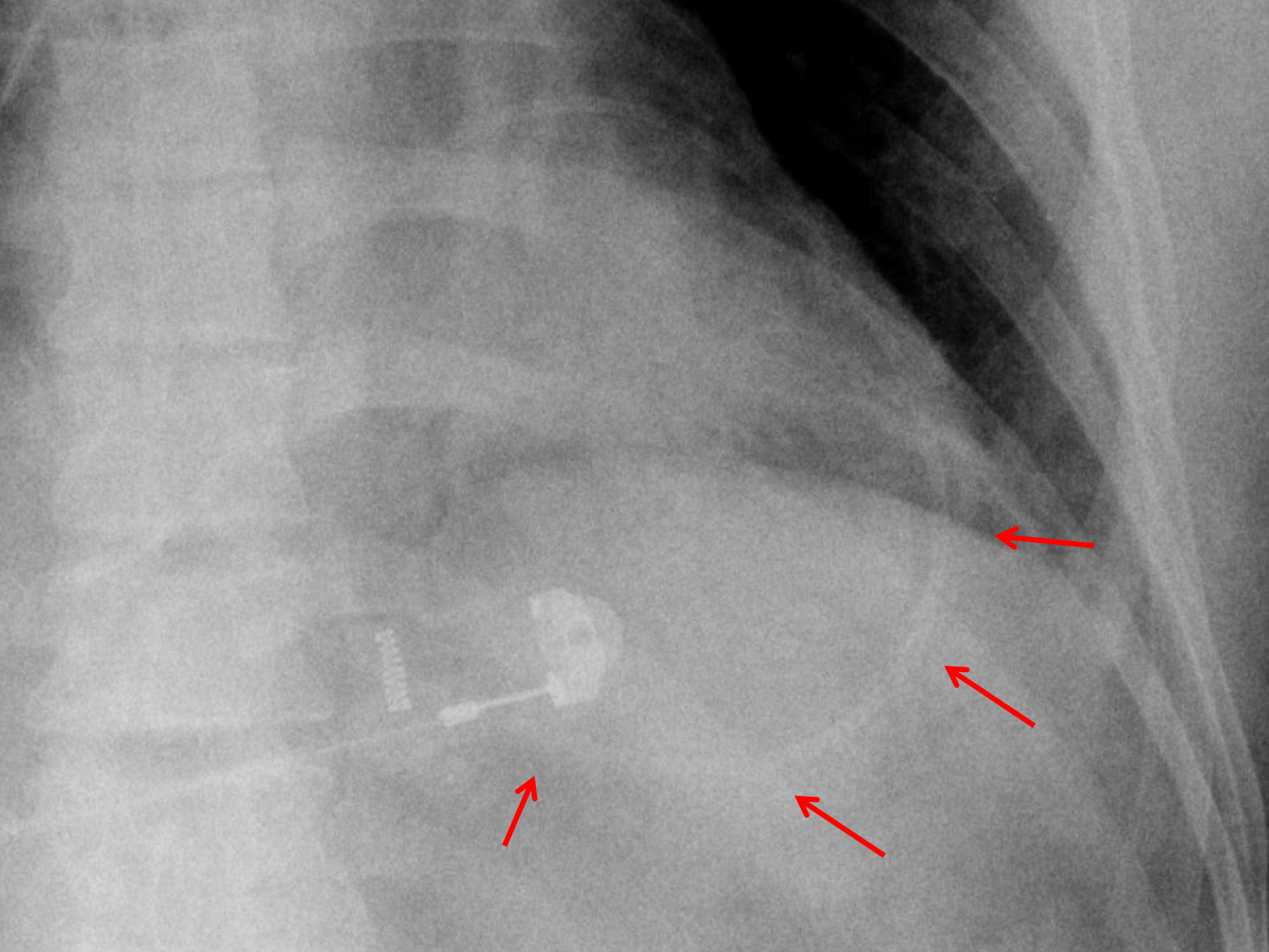


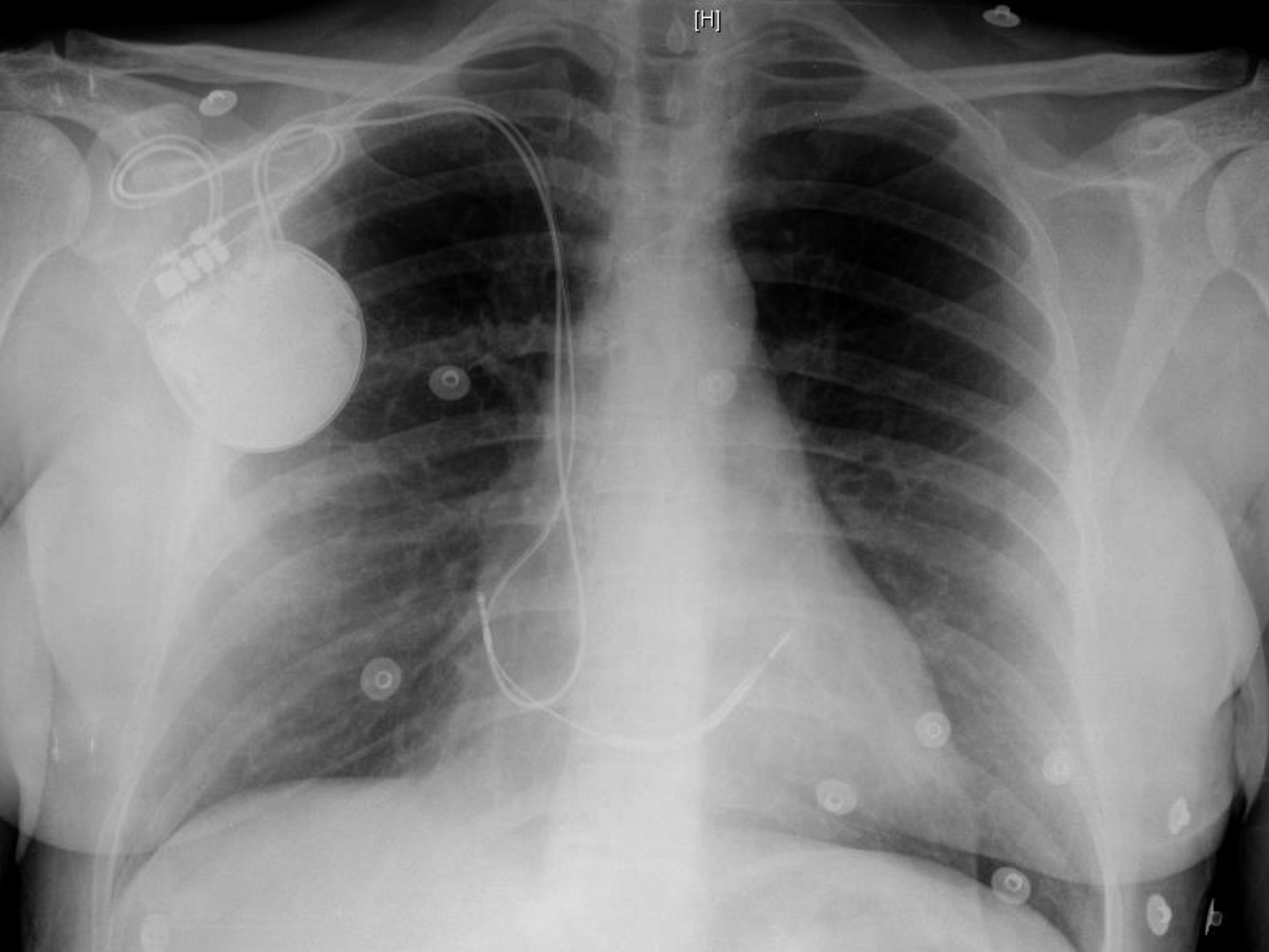


COUCHE









Decout

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- . 26 YO man – LVEF 55% + LV dilatation
- . Laminopathy (Emery Dreyfuss dystrophy)
- . Complete AV block => DDD PM 2011

Decout

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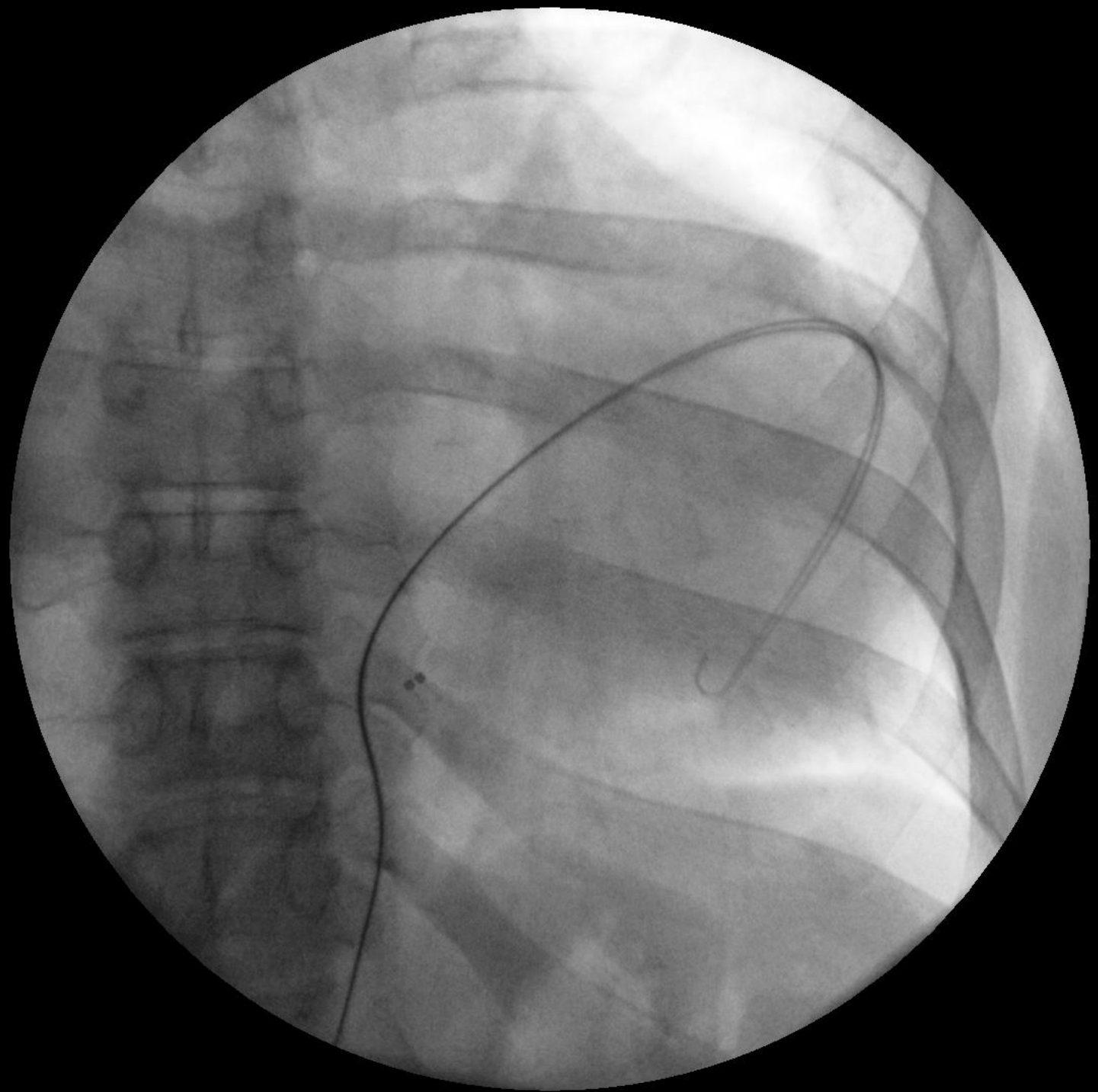
- . Ventricular lead dysfunction 12 month later
- . Extraction + reimplantation
- . Pocket infection 01/2014
- . Pericarditis + abundant pericardial effusion

Decout

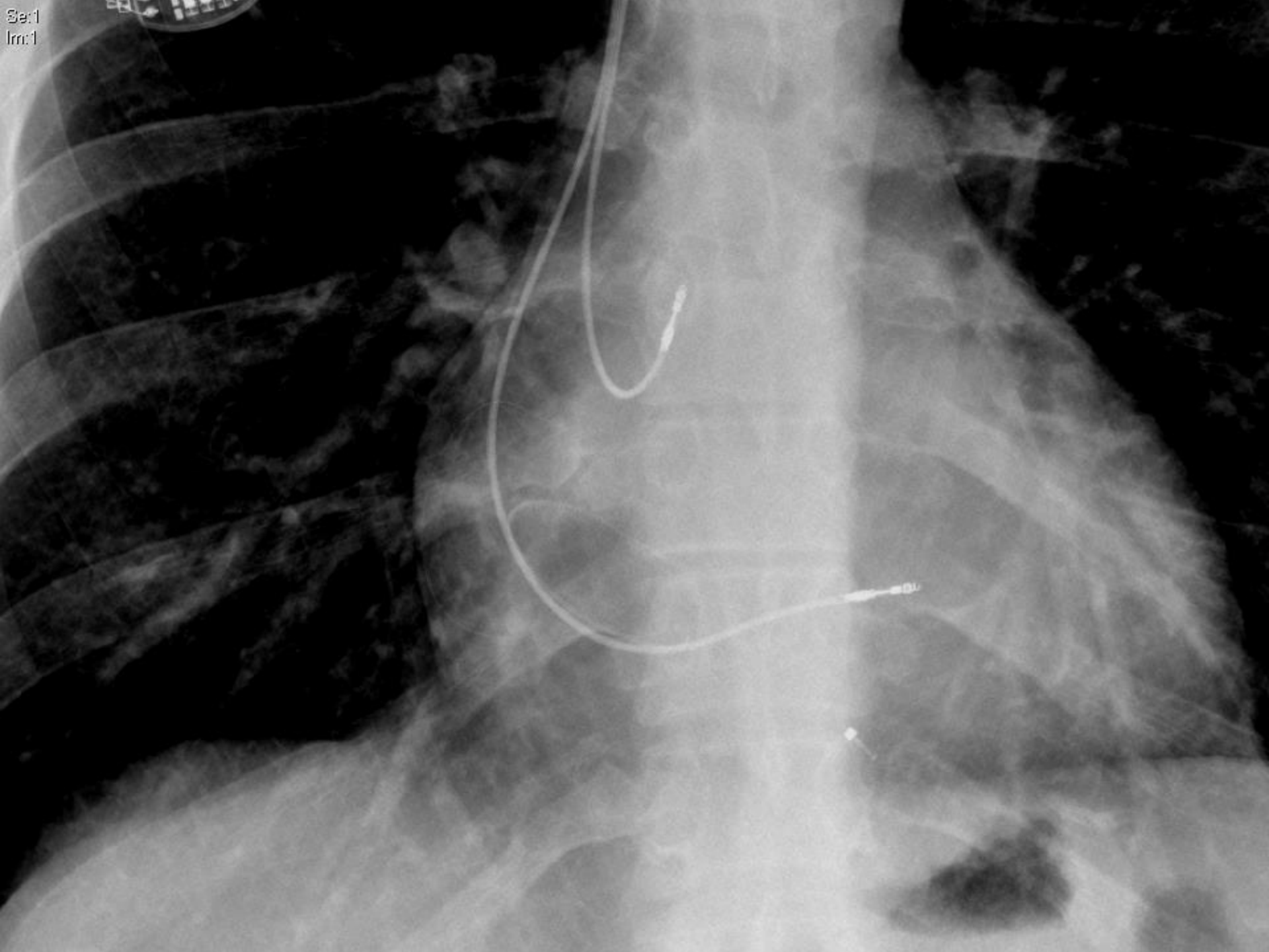
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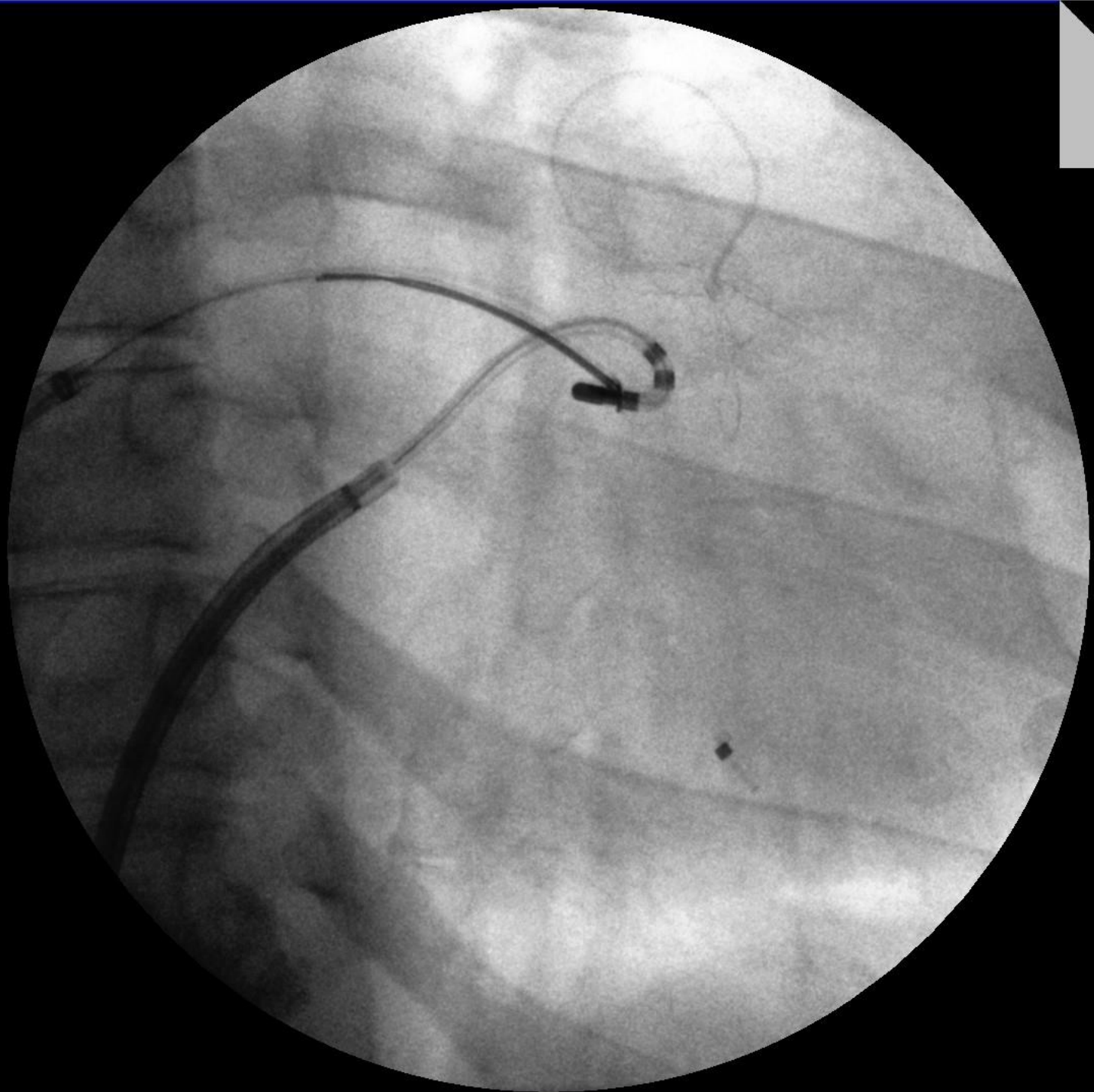


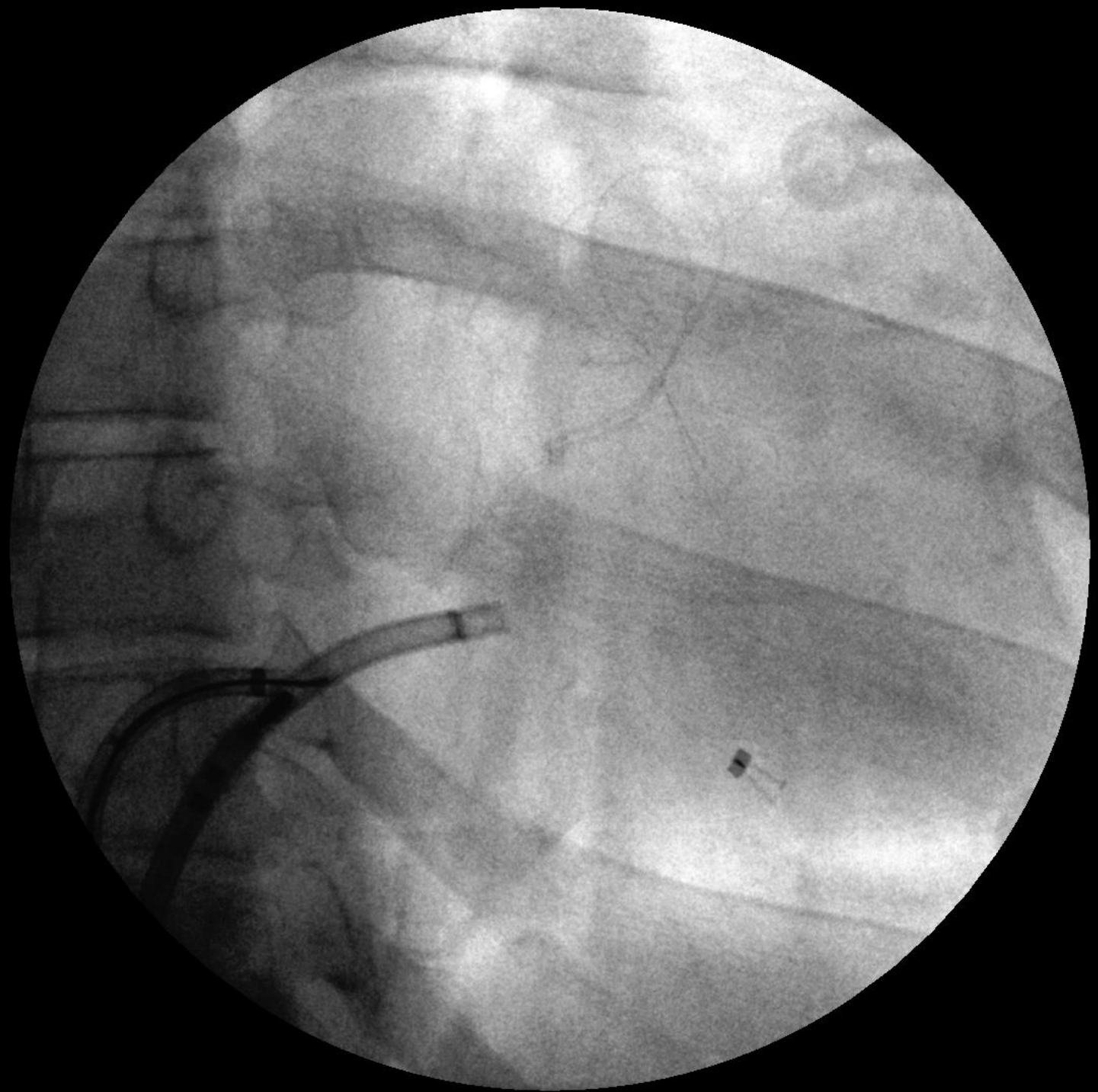






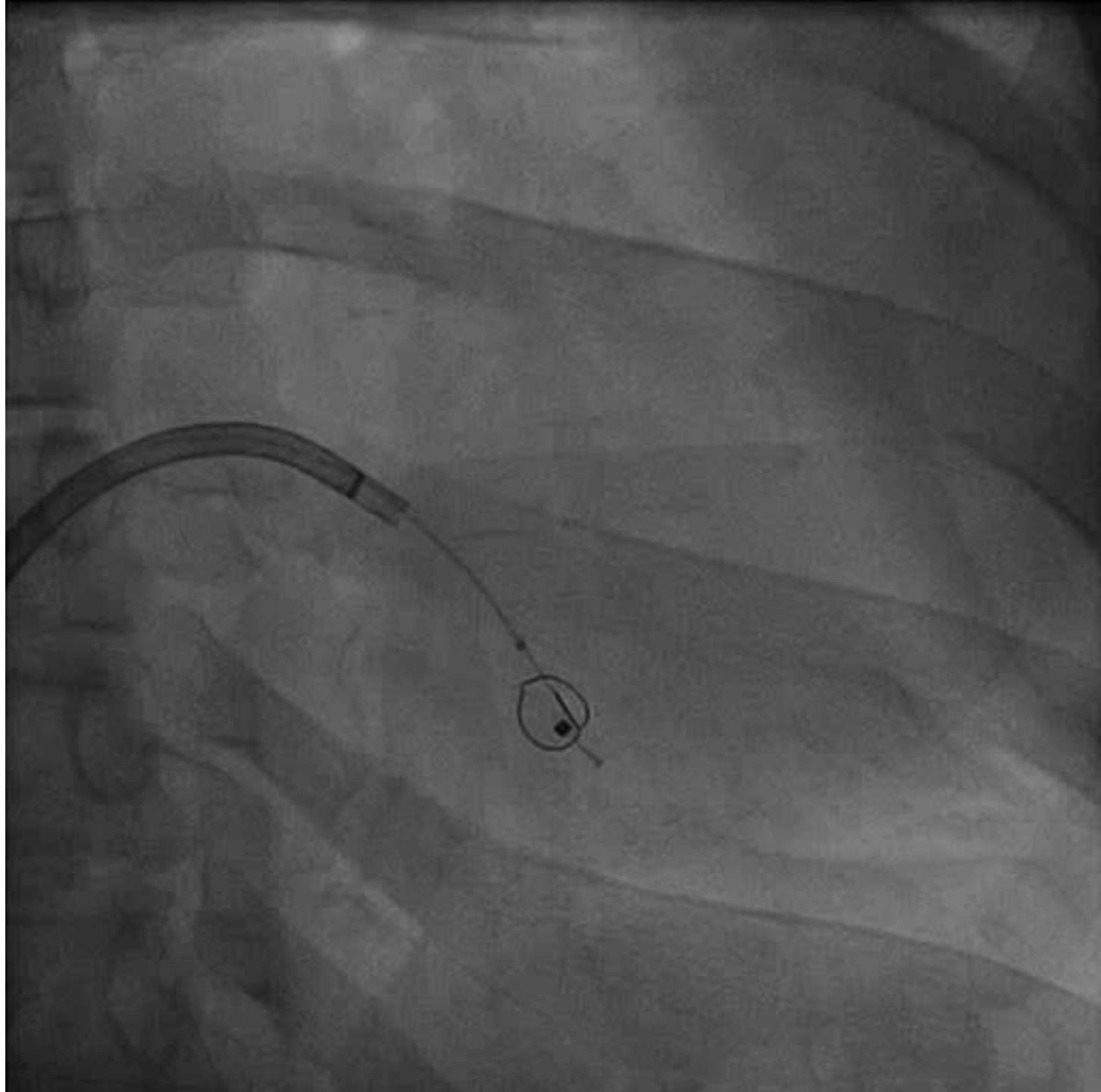
Ser:1  
Irr:1

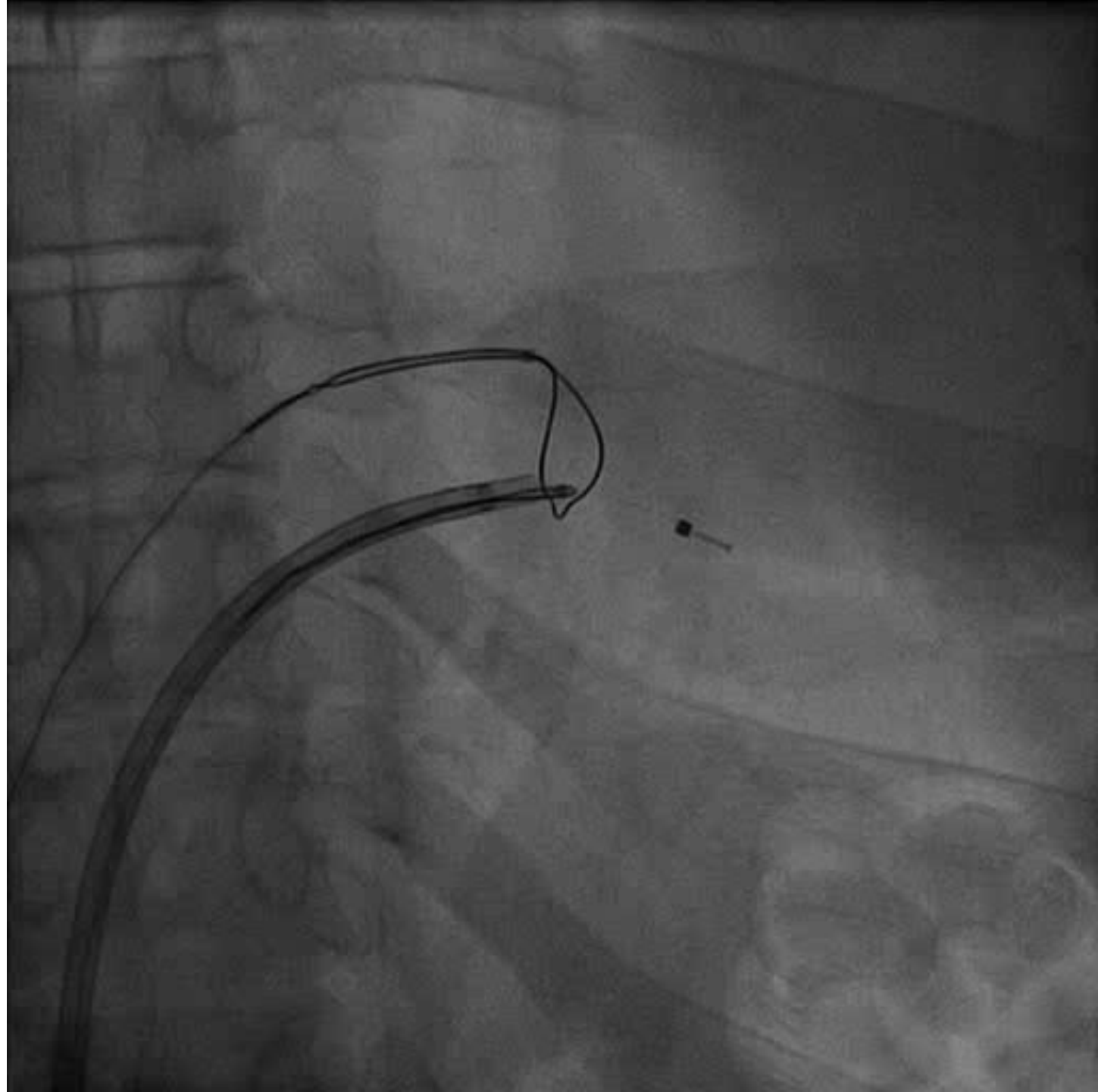


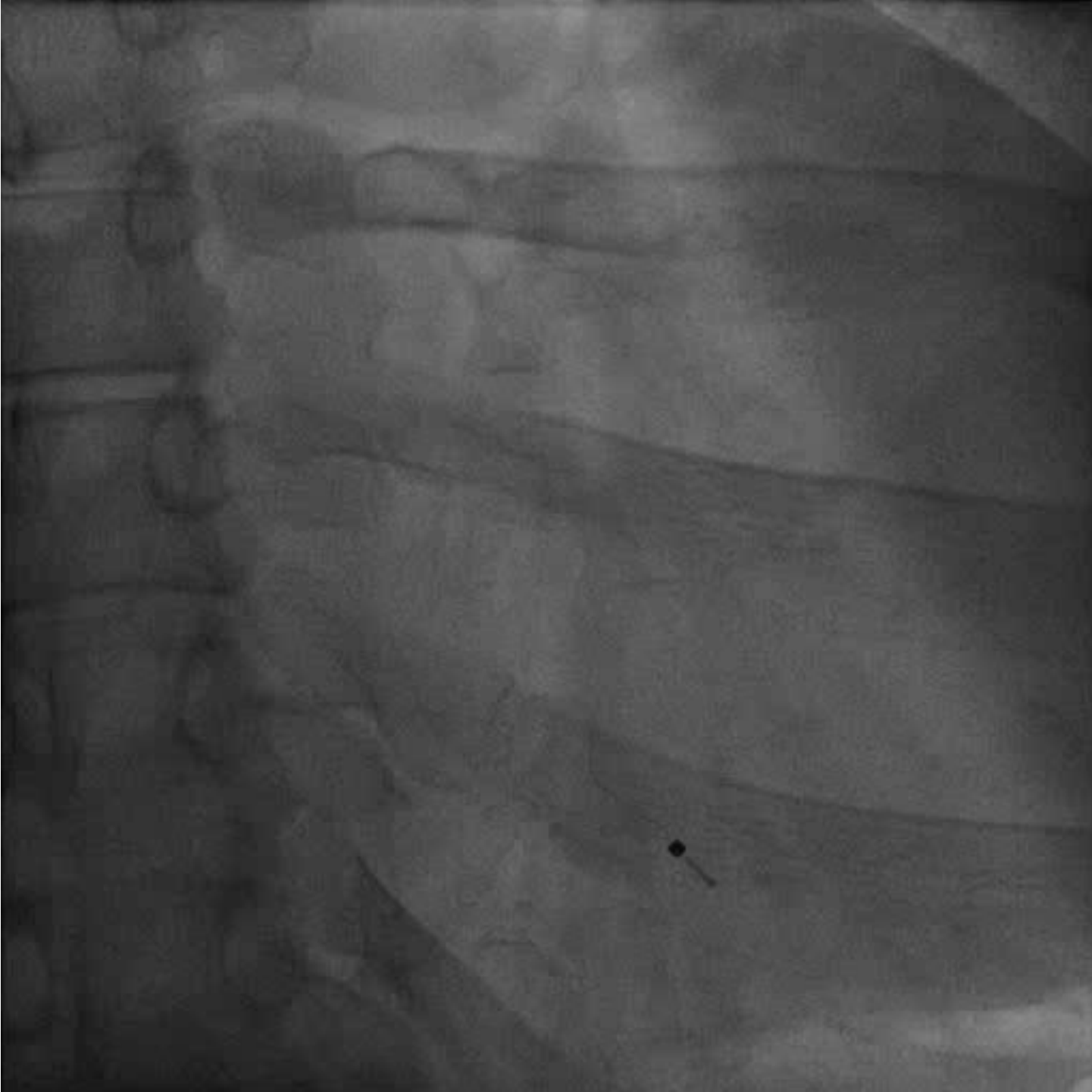


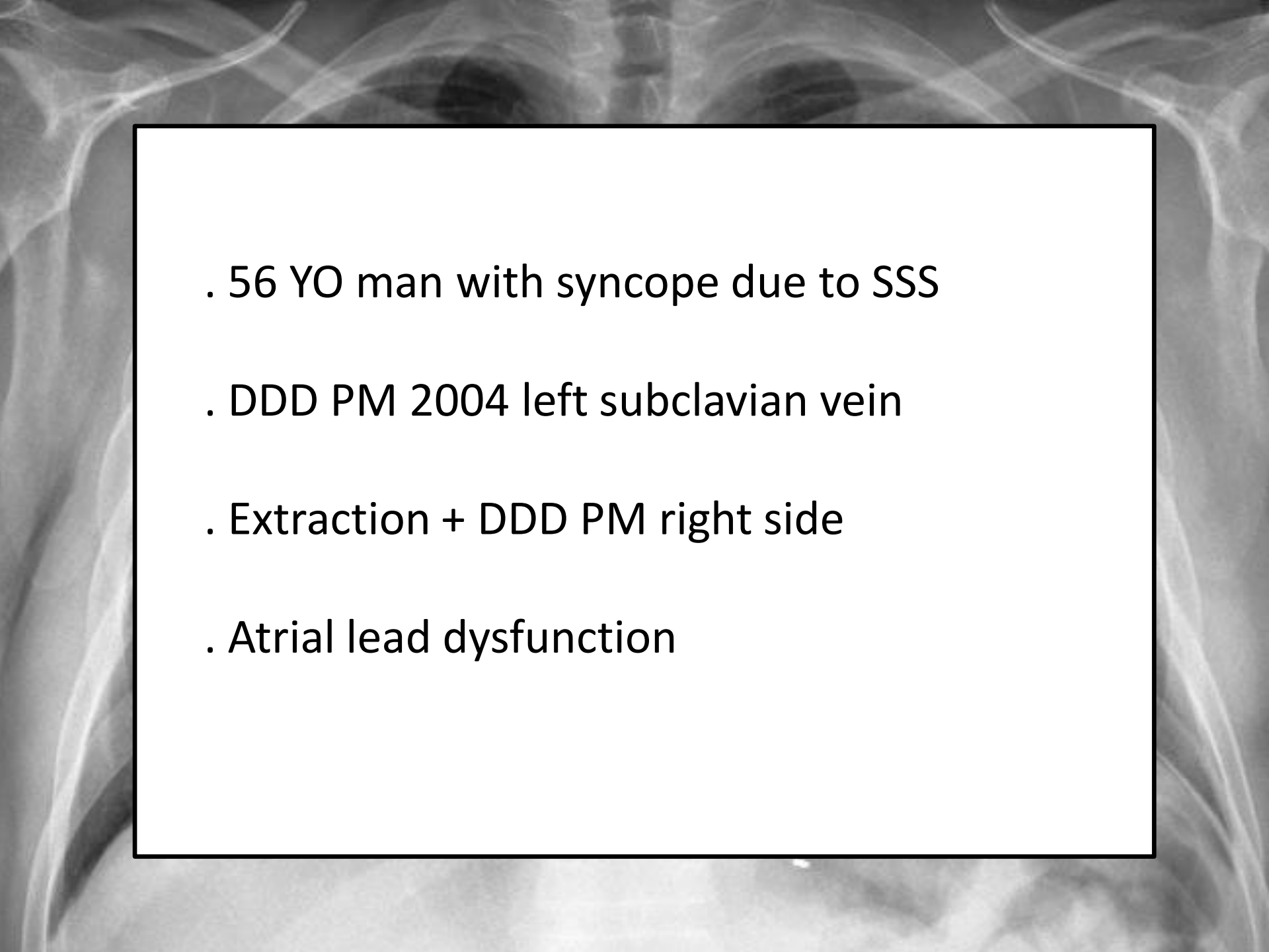




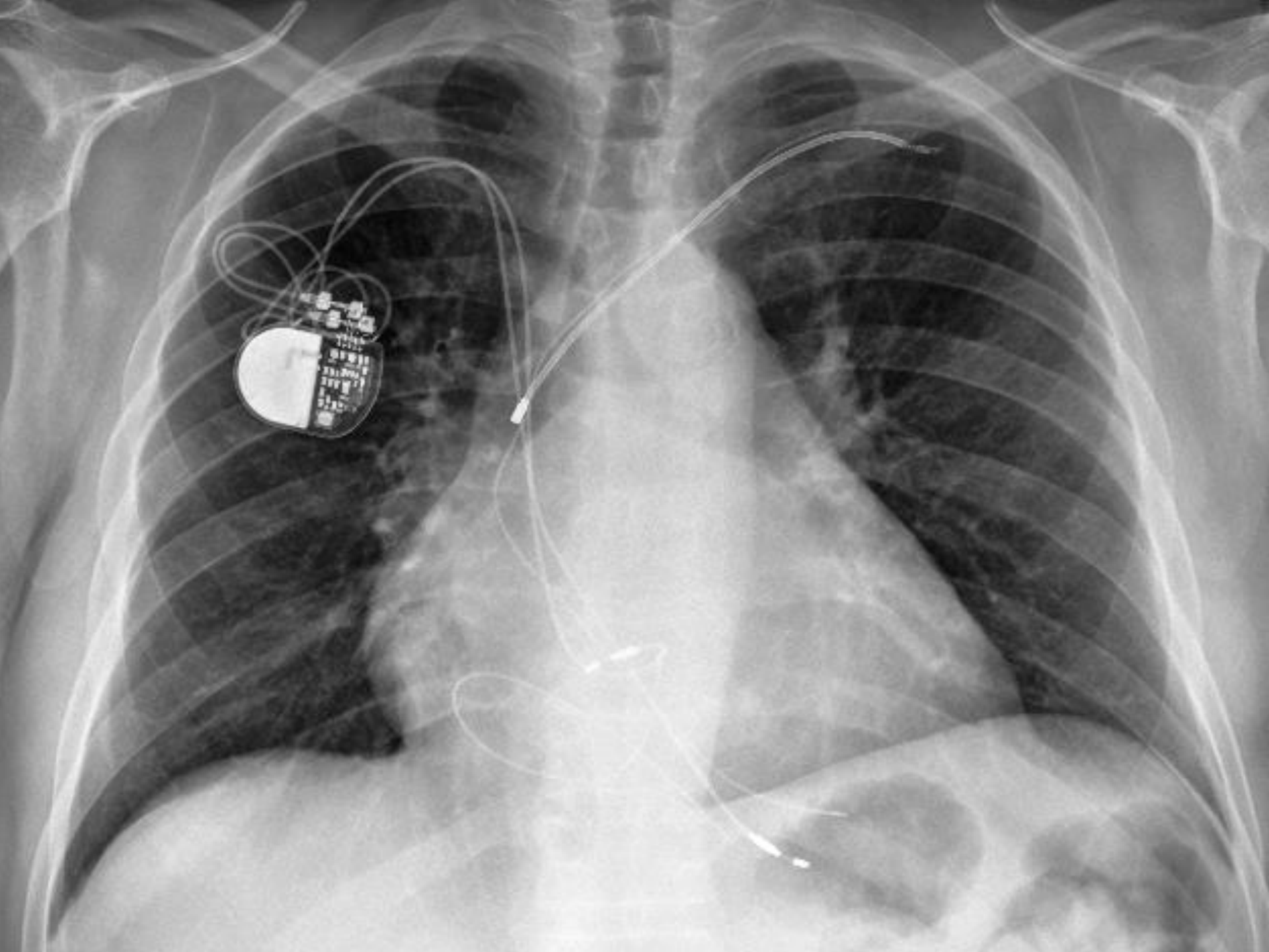


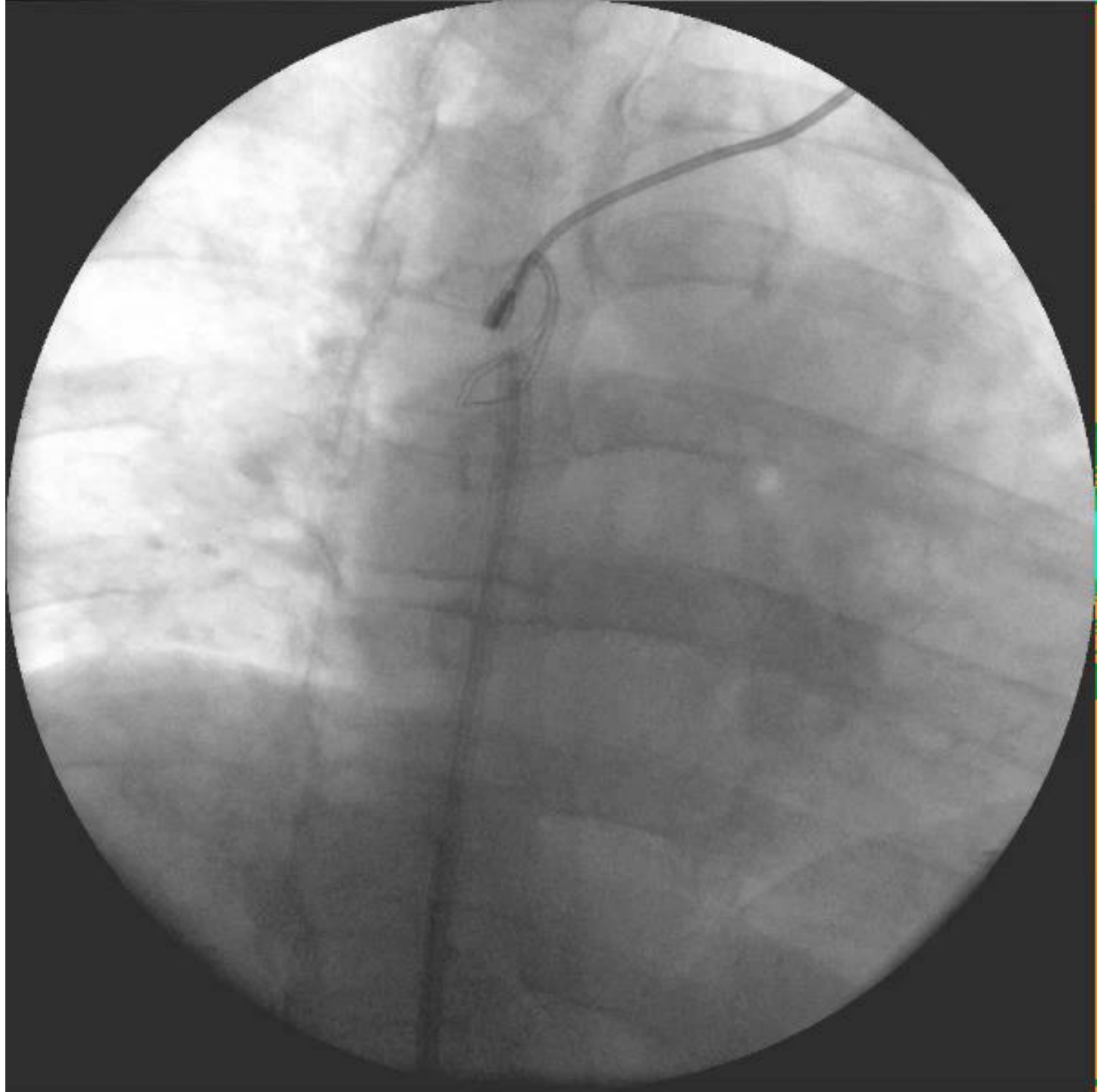


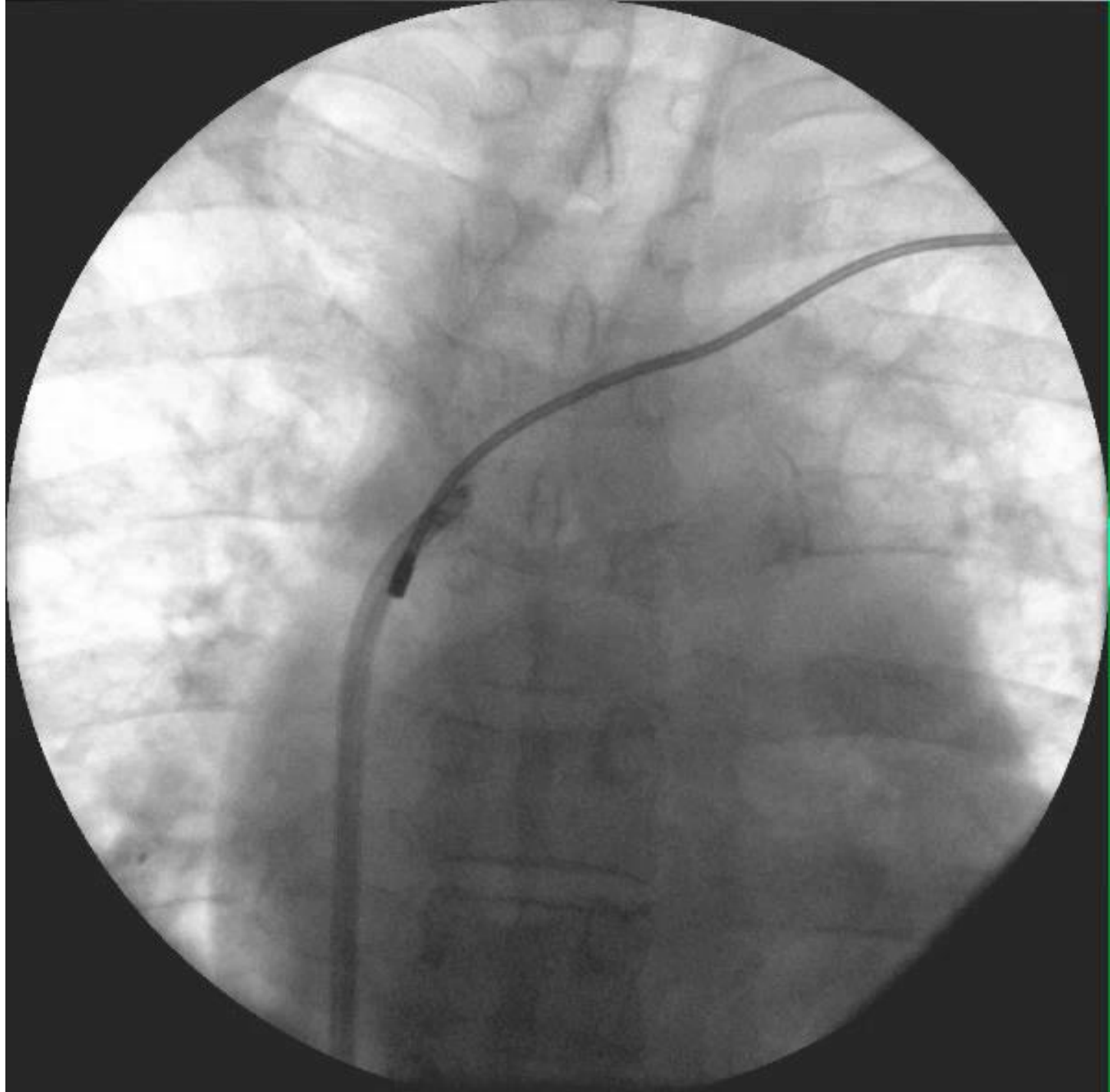


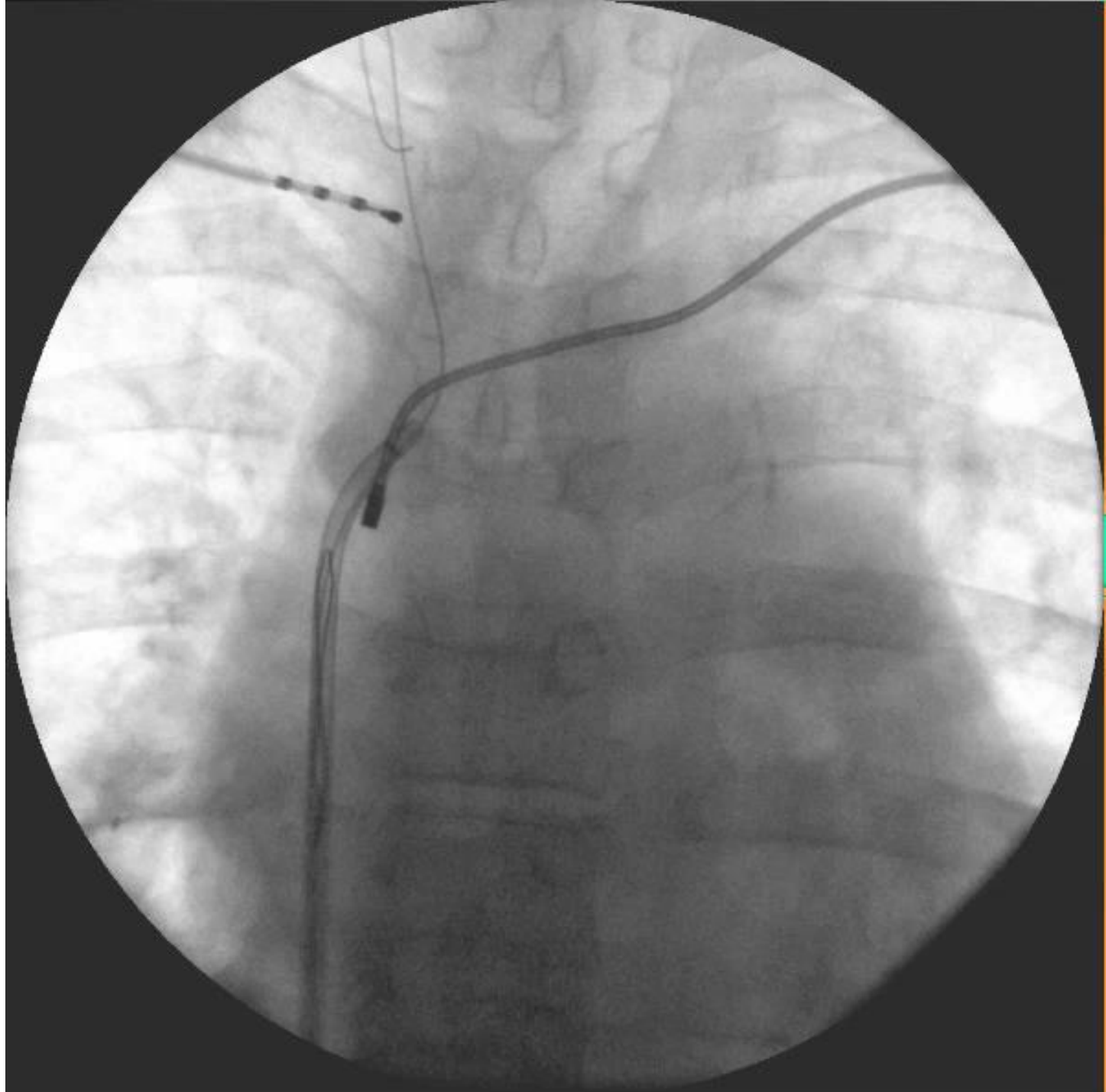
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- A faint, grayscale chest X-ray image serves as the background for the slide. It shows the ribcage, spine, and lung fields. A white rectangular box with a black border is centered over the image, containing a list of medical notes.
- . 56 YO man with syncope due to SSS
  - . DDD PM 2004 left subclavian vein
  - . Extraction + DDD PM right side
  - . Atrial lead dysfunction

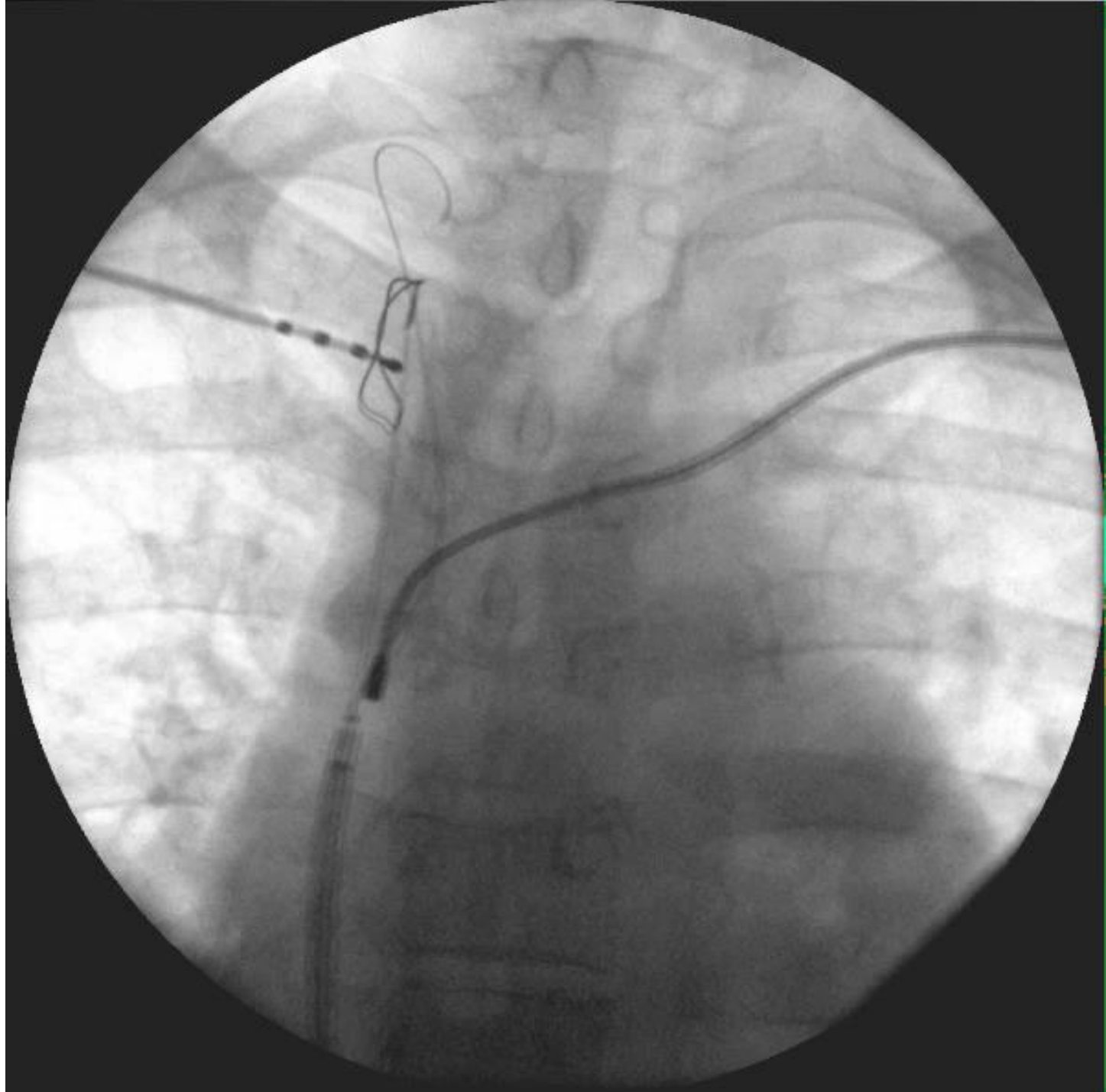


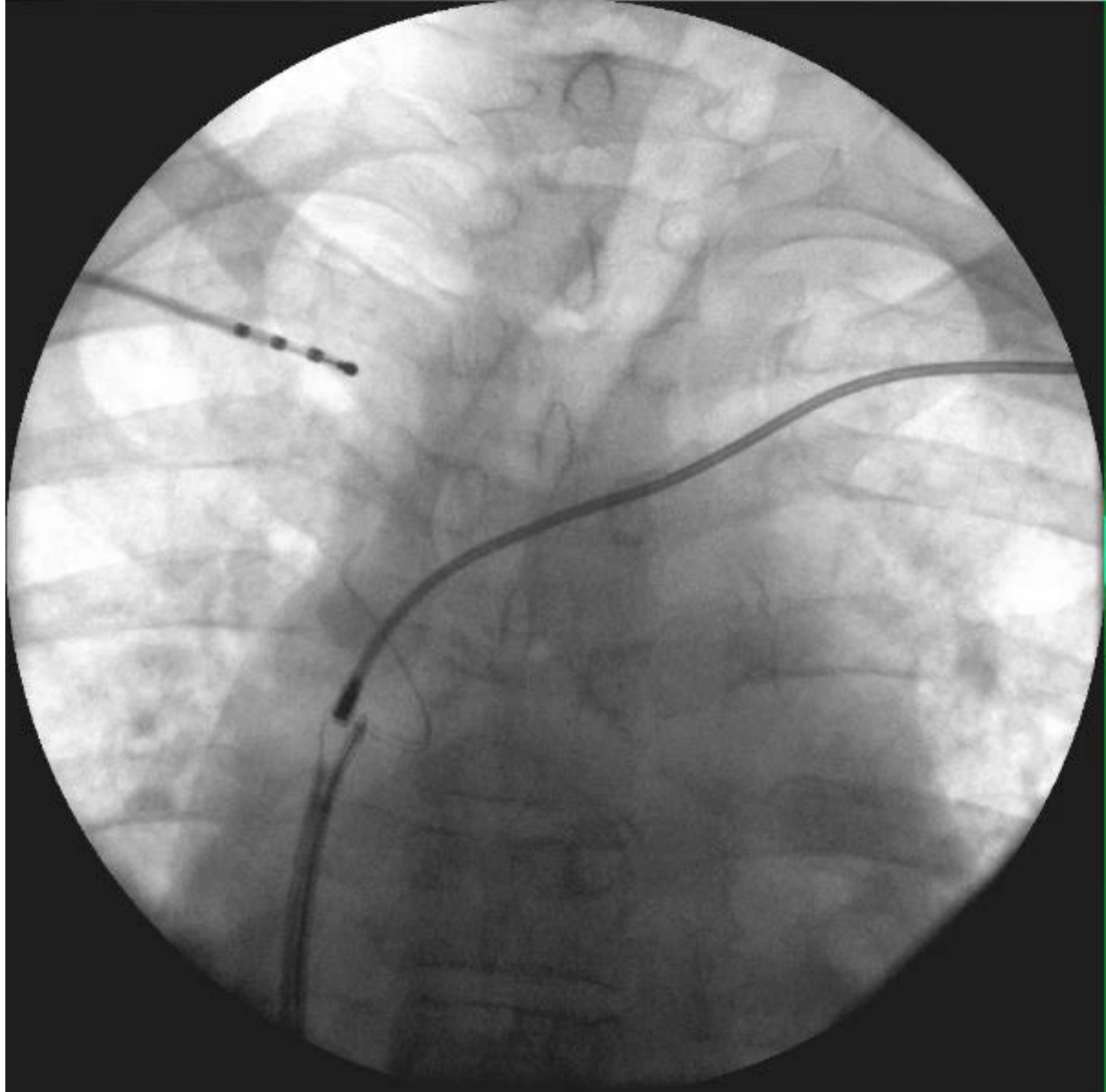




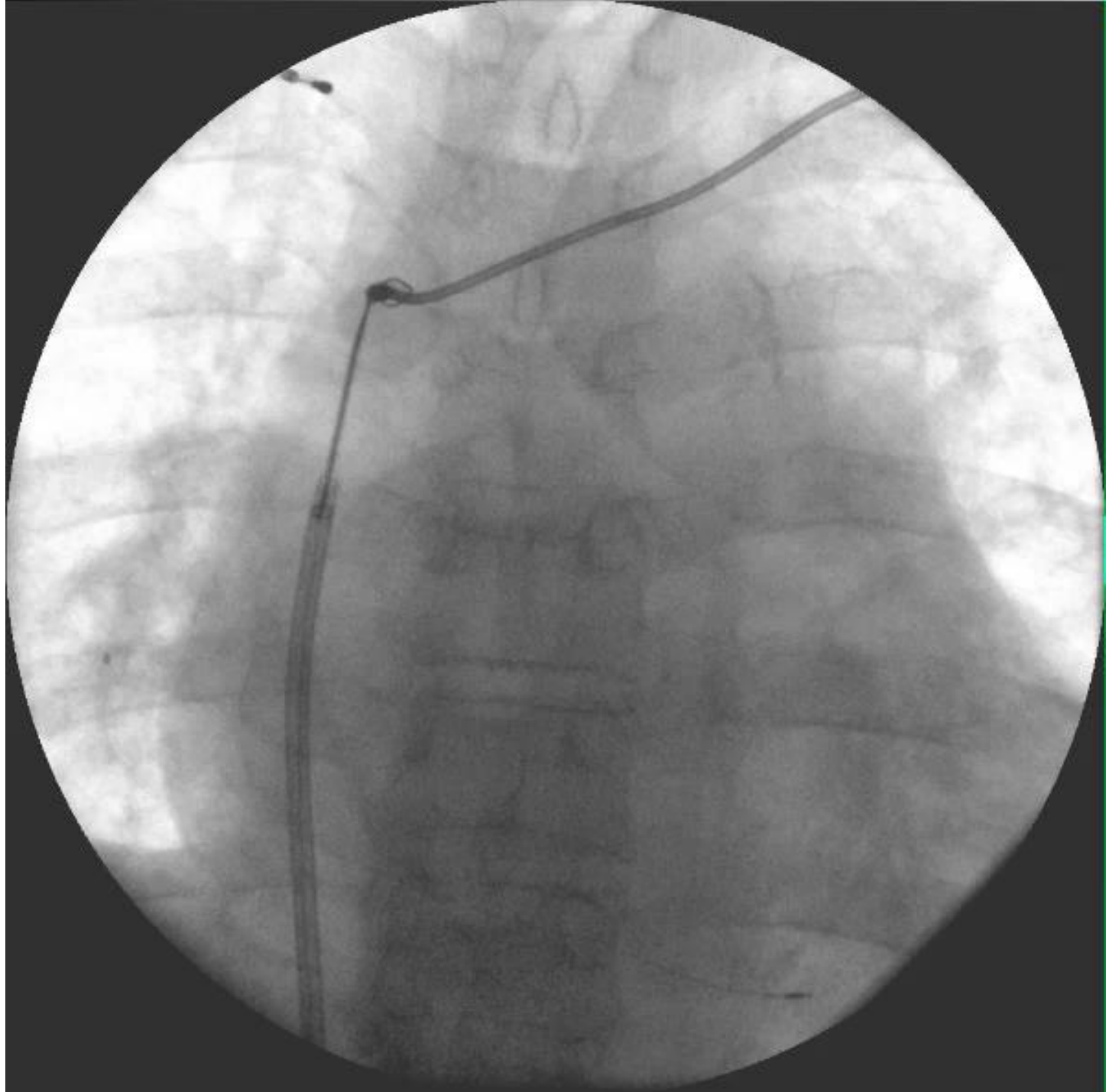


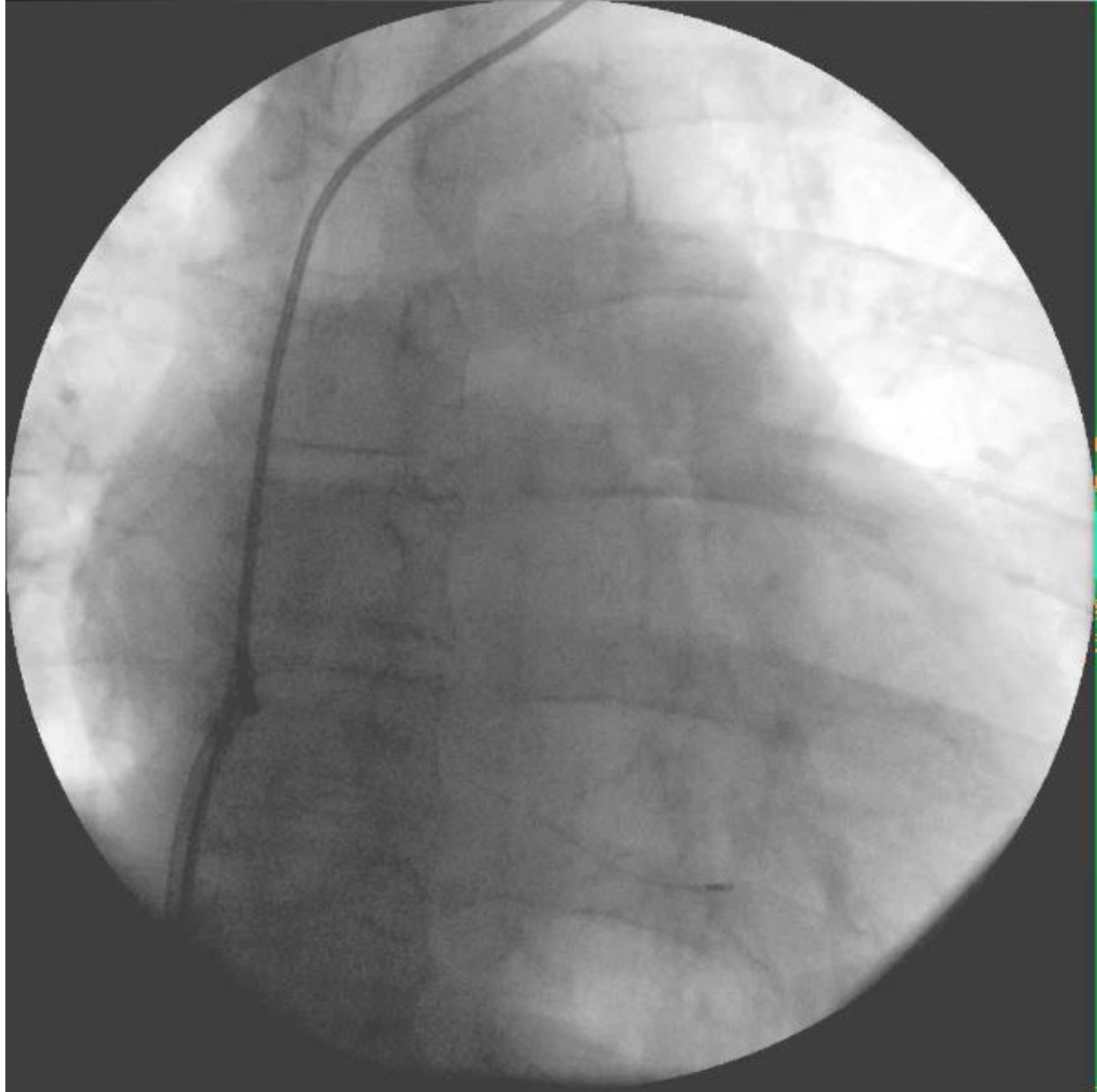




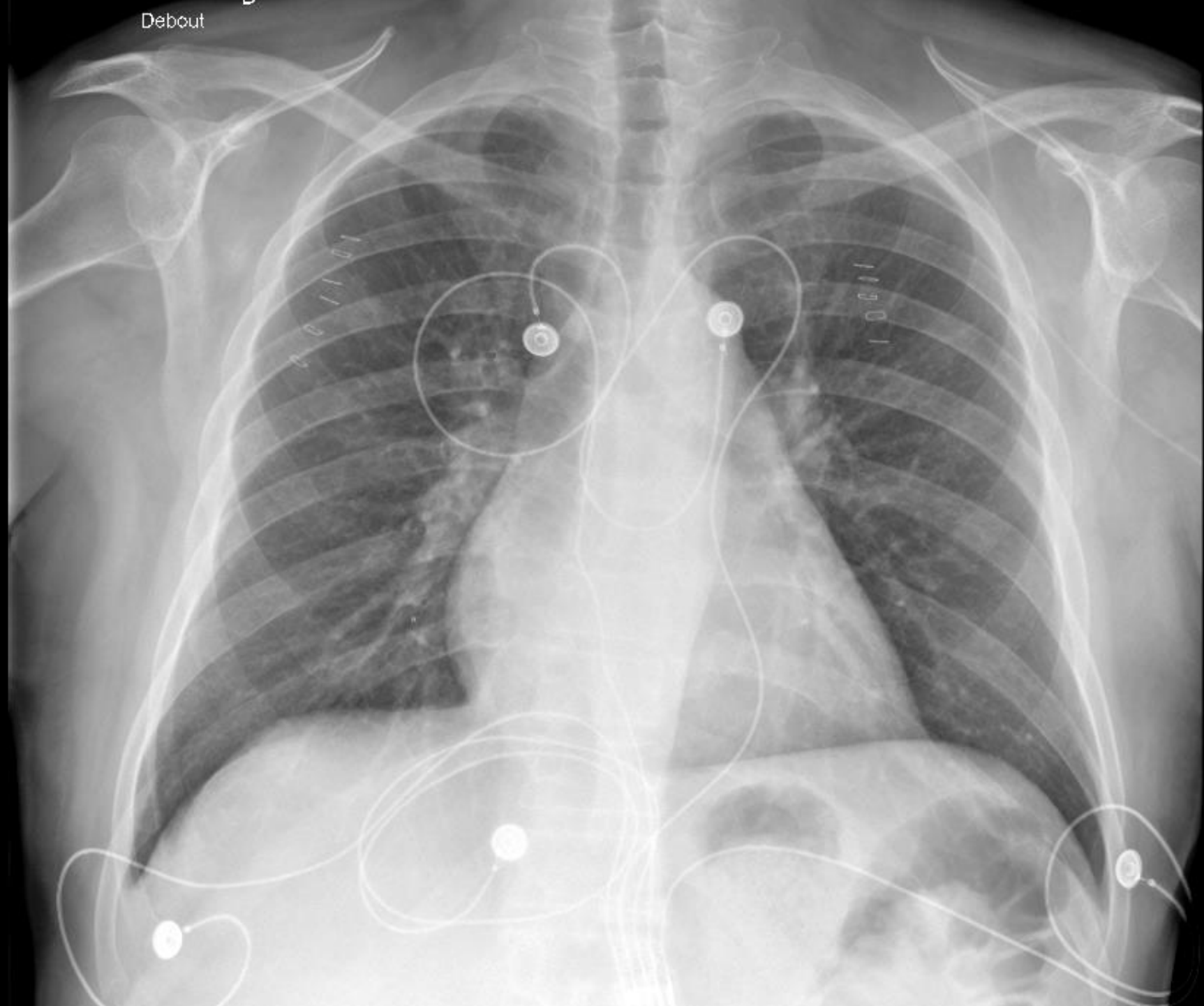








Debout



# Conclusion

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- Risk of lead extraction is known
- What is the risk of an abandoned lead?
- Young patient + recent leads => Extraction
- Elderly patient + old leads => No Extraction
- Where is the limit?