

HOW TO?

CASE I MANAGEMENT AND PREPRATION BEFORE TRANSVENOUS LEAD EXTRACTION

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TLE COMMUNITY & FRIENDS

The future belongs to those who prepare for it today!

WISSENSCHAFTLICHE LEITUNG:

PD Dr. med. Samer Hakmi, Asklepios Klinik St. Georg
Radisson Blu, Congressplatz 2, 20355 Hamburg

PATIENT HISTORY

- Pocket infection of Single Chamber ICD 6 weeks after change of aggregate
- DCM, EF 35%
- ICD implantation 2014, primary prophylaxis
- Chronic abuse of alcohol and tobacco



FIRST ASSESSMENT: BEFORE ADMISSION

- Planning of procedure ≥ 3 -5 days before admission
- Risk stratification
- Communication of planned procedure



Fr 11.08.2023 16:07
Wacker, Max
SM/Defi Programm 15.08.2023

An [REDACTED]

Metalogix Archive Manager + Weitere Apps abrufe

Liebe Kolleg*innen,

am 15.08.2023 steht eine Defi OP an:

1. [REDACTED], geb. 08.04.1958 (Aufnahme am 14.08.2023 auf CHH01)

Aktuelle Anamnese: ICD-Tascheninfektion nach Aggregatwechsel am 20.06.23

Geplante Operation: Systementfernung, Laserextraktion mit intraoperativer VATS und TEE

Vorhandenes System: Vitatron 1-K Defi, Impedanz/Wahrnehmung/Reizschwelle 450 Ohm/10,2 mV/0,5 V

Eigenrhythmus: SR, 0% VP

OAK: keine

Procedere am Aufnahmetag: Aufnahme auf CHH02, bitte Röntgen-Thorax, Labor, 2 EKs kreuzen. SM-Abfrage nicht notwendig. Bitte gucken, ob Patient Antibiotika bekommt und ob es schon einen Keimnachweis gibt.

Vordiagnosen (bitte für den Entlassbrief die sehr ausführlichen Diagnosen des letzten AB aus der Kardiologie übernehmen):

Z.n. ICD-Implantation 2014 (damals SJM) bei dilatativer Kardiomyopathie mit mittelschwer reduzierter Pumpfunktion

LVEF 35%

Chron. C2-Abusus (3-4 Bier tgl.)

Chron. Nikotinabusus (>50 PY)

Z.n. Hepatitisinfektion in der Kindheit

ADMISSION

- **Mandatory:**
 - Chest X-Ray
 - Blood (lab, transfusion), thrombocyte concentrates?
 - Inspection
 - ICU capacity

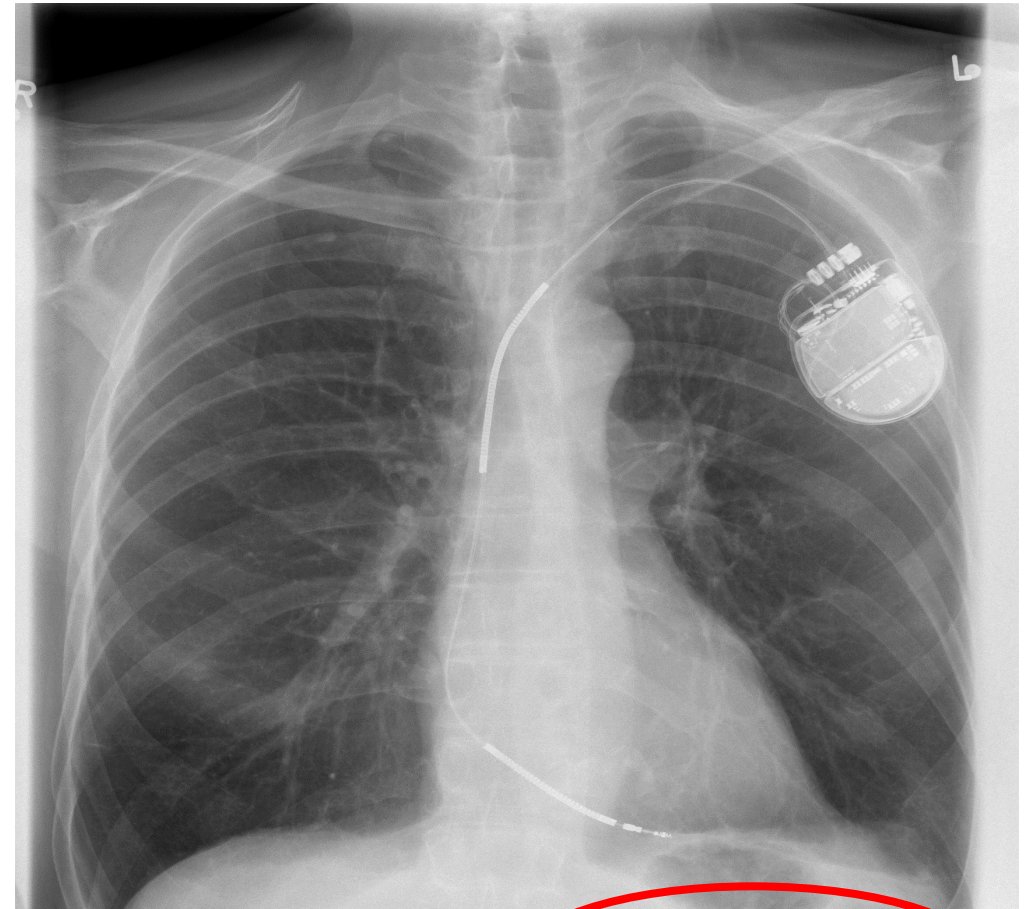
- **Case dependent:**
 - Pacemaker diagnostics
 - CT Scan
 - Blood cultures
 - Phlebography

- **Normal ward:**
 - Check antibiotic treatment

- **Anesthesiology:**
 - TEE, intubation, large volume iv access (femoral, side?)

- **Perfusionist:**
 - HLM
 - Re-Implantation (Company support needed?)
 - Cannulas

- **OR nurses:**
 - Material? Saw?



8	7:15	[REDACTED]	CHH02	ICD-Tascheninfektion nach Aggregatwechsel (SBK/ÜN) Größe: 0m, Gewicht: 0kg	Systementfernung, Laserextraktion mit intraoperativer VATS (intra-op TEE)	Wacker Busk PJ/Fam
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PREPARATION IN OP: HIGH RISK TLE WITH VATS

- Intubation (double lumen tubus preferred for VATS)
- TEE
- Invasive arterial blood pressure
- Patches for defibrillation
- Femoral catheter with volume leg
- Urinary catheter



PREPARATION IN OP: HIGH RISK TLE WITH VATS

- Wire for temp. lead if needed
- Is defibrillator turned on?
- Katecholamines running / on place?
- Access for contrast media application?



PREPARATION IN OP: HIGH RISK TLE WITH VATS

- Surgical instruments
- Saw?



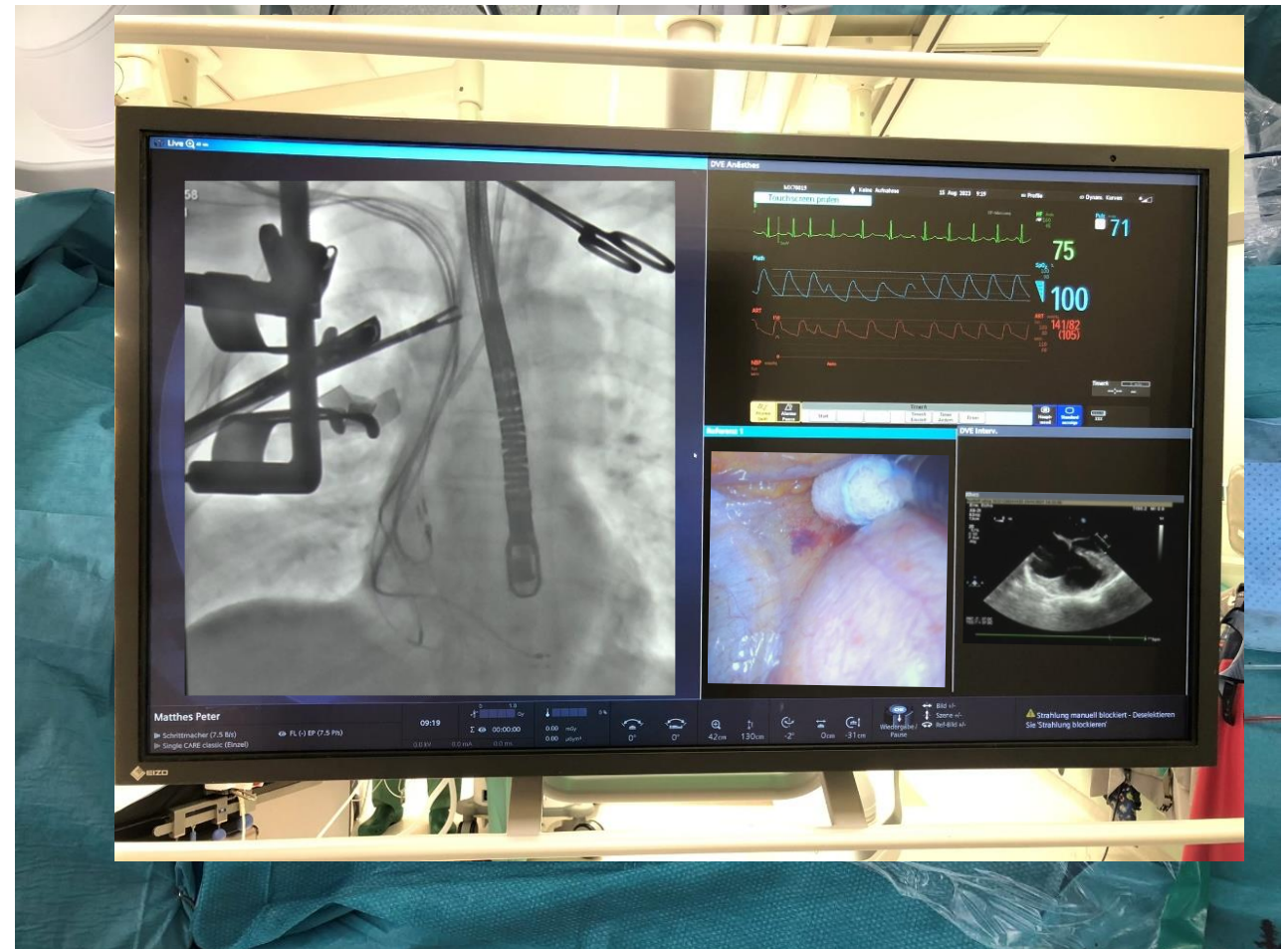
PREPARATION IN OP: HIGH RISK TLE WITH VATS

- Heart-Lung-Machine (primed y/n?)
- Cannulation strategy (central vs. peripher)
- Controller for PM/ICD diagnostics/re-implantation available?



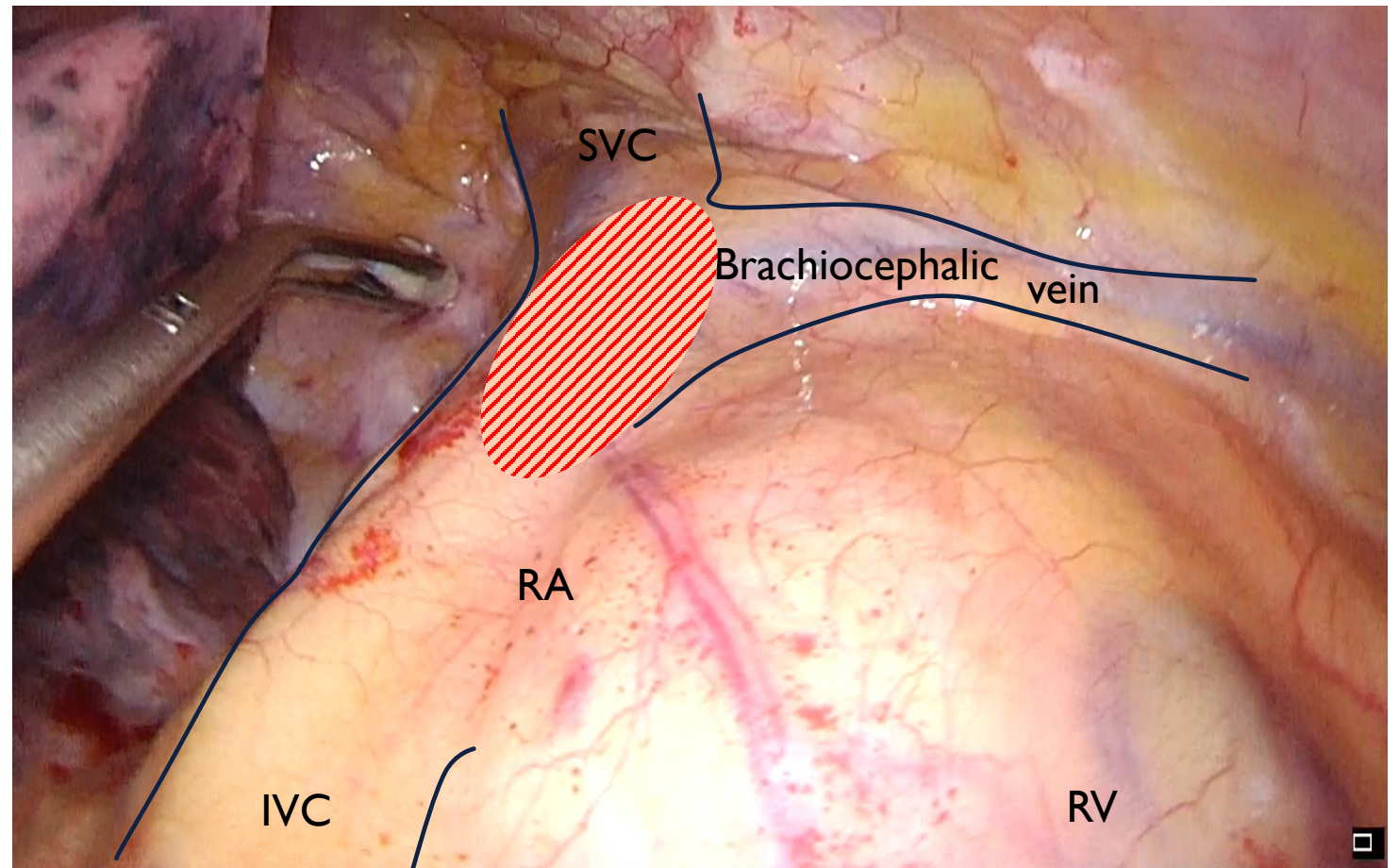
PREPARATION IN OP: HIGH RISK TLE WITH VATS

- Use all diagnostic tools available!
 - Angiography
- 5F/6F sheath (A. fem./V. fem.)
 - TEE
- Full access to sternum/groin/contralateral side
 - Monitoring ECG, BP, SpO₂
 - VATS

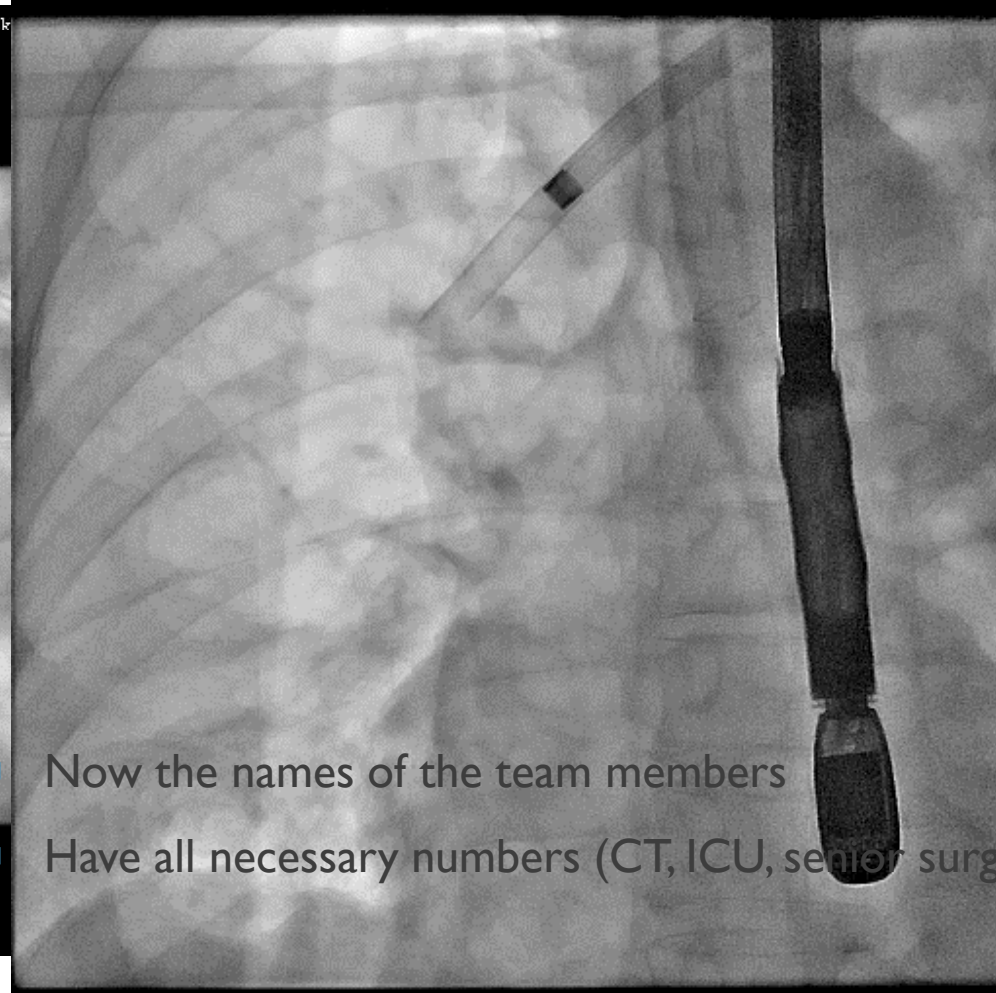
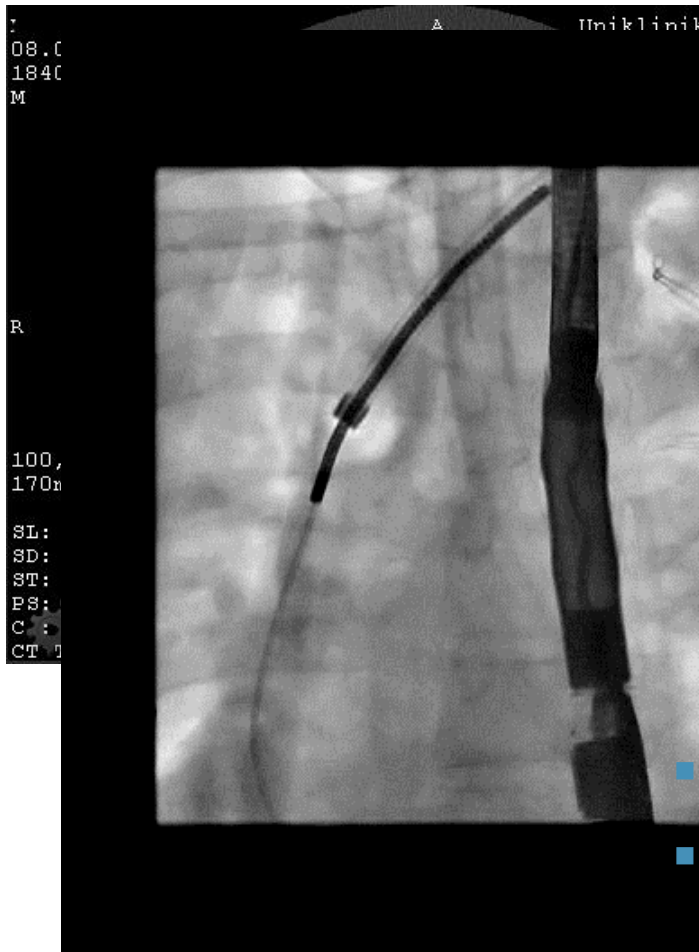


BE PREPARED FOR COMPLICATIONS...

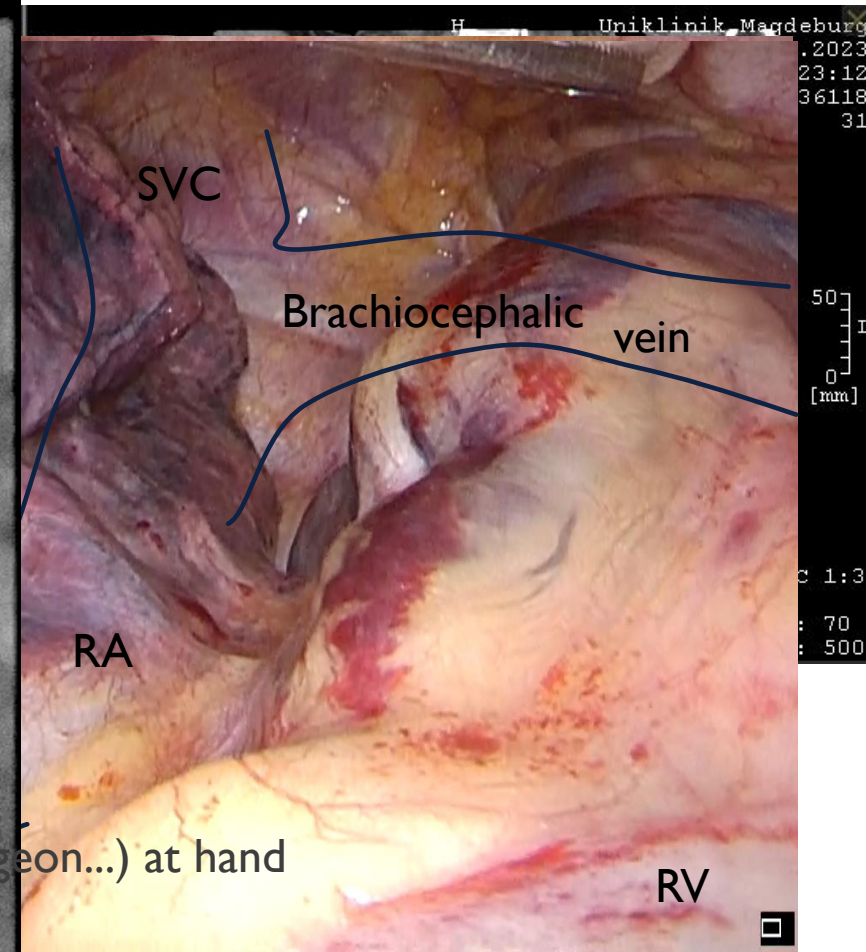
- Severe adhesions at the upper coil



BE PREPARED FOR COMPLICATIONS...



- Now the names of the team members
- Have all necessary numbers (CT, ICU, senior surgeon...) at hand



TAKE-HOME MESSAGE

Preoperative planning

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- **OP nurses:**
 - Material? Saw?



- Prepare each case as thoroughly as possible
- Communicate the planned procedures to the team
- Be prepared for complications

THANK YOU VERY MUCH



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