

Image Guided Therapy

Heart Rhythm Management

# Managing CIED infections

< 2 in 10 CIED infection patients receive guideline-driven care<sup>1</sup>

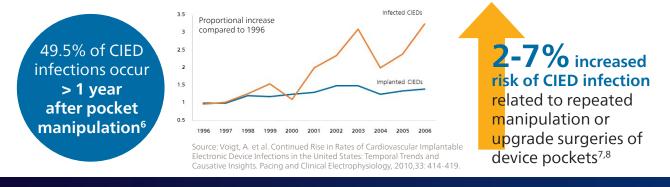
A guide for healthcare professionals How to manage CIED infections

# Managing a CIED patient

Device-related infection is **one of the most serious complications** of CIED therapy<sup>2</sup>. CIED's (Cardiac Implantable Electronic Devices) include pacemaker devices (PPM, ICD, CRT-P, CRT-D). Over 1 million CIED leads are implanted each year<sup>3</sup>.

1 in 20 of these patients develop CIED infection within 3 years<sup>4</sup>.

CIED infection rates are disproportionately rising compared to implantation rates<sup>5</sup>.



< 2 in 10 CIED infection patients receive guideline-driven care<sup>1</sup>

# **CIED** infection can present in different ways

Pocket infection<sup>9</sup>



Early signs of infection may appear as redness, swelling or a hot feeling<sup>10</sup>



Infections may become swollen, and lesions or skin ulcers can develop<sup>10</sup>

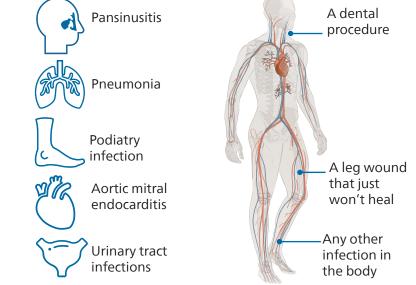


Advanced infection may cause the device to protrude or come out of the body<sup>10</sup>

#### Systemic infection<sup>9</sup>

Infection can be systemic from the beginning, without progression from CIED pocket<sup>11</sup>

Top 5 overlooked infectionInfection couldpresentations include12:originate from:



Factors which play a role in the pathogenesis of CIED infections can be related to the host, the device, or the microorganism.<sup>2</sup>

# Antibiotics alone are associated with high relapse rate and increased mortality<sup>13-18</sup>

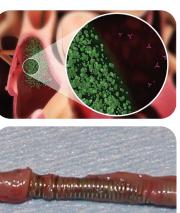
Biofilms on leads: circle of antibiotic treatment.

50% - 100% relapse with antibiotics alone<sup>13-17</sup>

Infection

Antibiotics

**X** 30-day mortality with conservative management (antibiotics alone)<sup>18</sup>



Biofilm: dead (red colored) cells forming 'shielding' film over living (green colored) cells.<sup>19</sup> Antibiotics are often ineffective.

Source: Philips document D059901-00

Endocarditis can be caused by biofilms. Endocarditis leads to vegetations which can make extraction of pacemaker leads difficult.20,21,24

Source: Philips document D016923-03



Results of a large-scale, real-world analysis robustly confirm undertreatment of CIED infection patients.<sup>1</sup>

Swedish Single Center review demonstrated a 5-fold underreporting of CIED infections.<sup>22</sup>

# **CIED Infection is a Class I indication for complete system** removal<sup>2,23-26</sup>

Expert consensus statements recommend timely referral to a gualified extractor<sup>24</sup>

Isolated pocket infection	Systemic infection	
	Without vegetation on leads or valves ± pocket infection	CIED endocarditis with vegetation on leads and/or valves ± embolism
Removal / Extraction + antibiotic therapy (10-14 days)	Removal / Extraction + antibiotic therapy 4 weeks (2 weeks if negative blood culture)	Removal / Extraction + antibiotic therapy 4-6 weeks (+oral antibiotics therapy FU if indicated by secondary infectious focus)

Source: Blomström-Lundqvist C, et al. (European Heart Rhythm Association (EHRA) international consensus document on how to prevent, diagnose, and treat cardiac implantable electronic device infections—endorsed by the Heart Rhythm Society (HRS), the Asia Pacific Heart Rhythm Society (APHRS), the LatinAmerican Heart Rhythm Society (LAHRS), International Society for Cardiovascular Infectious Diseases (ISCVID) and the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS).. Europace (2020) 22, 515–516 and European Heart Journal (2020) 41, 2012–2032











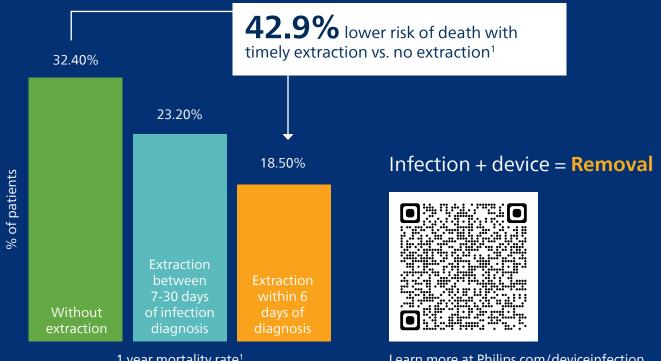
EHRA Infection Consensus Statement (2020)<sup>2</sup> Sandoe et al. Guidelines for diagnosis, prevention and management of CIED (2015)<sup>23</sup> HRS Expert Consensus Statement on Lead Management Extraction (2017)<sup>24</sup>

EHRA Guidelines for the management of infective endocarditis<sup>25</sup> Update on cardiovascular implantable electronic device infections and their management: a scientific statement from the American Heart Association (2010)<sup>26</sup>

# Act quickly: early extraction saves lives



ACC.22 Late-breaking clinical trial Duke data confirms: any extraction was associated with lower mortality when compared to no extraction (adj HR 0.73, 95% CI 0.67-0.81, p<0.001).<sup>1</sup> Over 1 million of patients with CIEDs, 14 years of data (2006-2019).





Learn more at Philips.com/deviceinfection



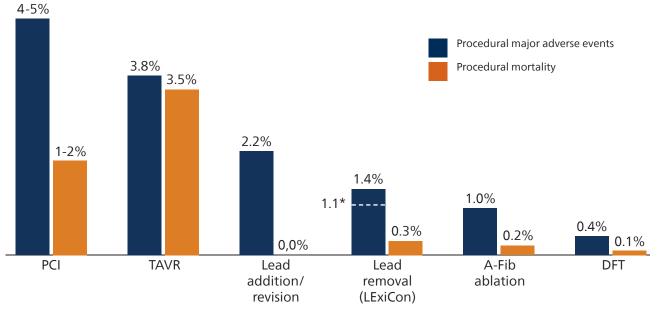
# Putting the risk of extraction into perspective

#### The extraction procedure

Proven safety of lead extraction<sup>29</sup>



### Comparison of lead extraction vs other common procedures<sup>29-39</sup>



\* The LExiCon study reports a procedural MAE rate of 1.4% as defined by the 2000 NASPE Policy Statement. However, 0.3% (n=4) of the MAEs were bleeding requiring transfusion which is no longer defined as an MAE by the 2009 HRS Expert Consensus Document

#### **Risk of capping**

Abandoned leads are a risk for tissue damage or inappropriate cardiac stimulation<sup>40</sup>:

**Risk of infection** 5 years post-procedure<sup>41</sup> 14.2% increase risk of infection at 5 years<sup>41</sup>

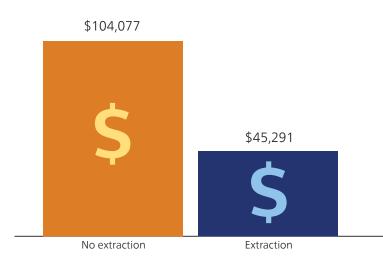
**Risk of failed lead removal**<sup>42</sup> 2x times more likely to have risk of failed lead removal every 3 years<sup>42</sup>

Risk of major adverse event<sup>43</sup> 2.6x times more likely to have a MAE (Major Adverse Event)<sup>43</sup>

a: Clinical success was defined as achievement of all clinical goals associated with the indication for lead removal

# Putting the cost of conservative treatment into perspective<sup>44</sup>

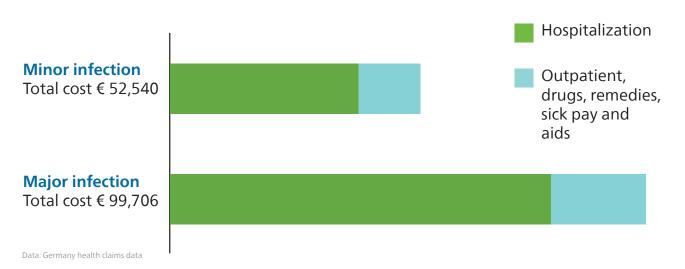
Infected CIED patients are more costly to treat and create significant additional costs over time<sup>44</sup>



Infections managed in hospital without CIED removal are >2x more expensive than treating the infection with extraction<sup>45</sup>

# Most CIED infections costs are related to hospitalization costs<sup>44</sup>

Cumulative costs 3-years post infection44



The costs of treating a major infection are higher than a minor infection.<sup>44</sup>

#### Sales representative contact information

Name:

#### **Telephone number:**



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