

How I Do It: Endoscopic Pacemaker Electrode Implant

BACKGROUND

Patients in heart failure with left bundle branch block benefit from cardiac resynchronization therapy. Usually the left ventricular pacing lead is placed by coronary sinus catheterization; however, this procedure is not always successful, and patients may be referred for surgical epicardial lead placement. We propose to perform this procedure thoracoscopically, thus reducing the invasiveness of the procedure.

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METHODS

After general anesthesia and selective intubation, the patient was positioned in the right lateral decubitus position at 30 degrees. 3 portals were positioned (2 in the anterior axillary line and 1 in the midaxillary line). The pericardium was opened and the lateral wall of the left ventricle was exposed (with visualization of the left atrial appendage). After blunt dissection, the electrode is introduced and implantation was performed in the lateroposterior wall of the LV. The electrode is externalized and tunneled to the CRT site.

Please, see the video embedded

RESULTS

The electrode showed good electrophysiological parameters and ensured resynchronization with QRS narrowing.

CONCLUSION

Thoracoscopic lead insertion is safe and easy to perform.

