

# Device Interrogation- Pacemakers, ICD and Loop Recorders

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# Disclosures

Consultant: Medtronic

Speaker's Bureau: St. Jude Medical

# Cardiac Implantable Electronic Devices

## Pacemaker



- Battery
- Capacitor
- Low Voltage
- High Voltage
- Asystole
- Heart Failure
- Brady Detections
- Brady Therapies
- AT/AF Detections
- AT/AF Therapies
- VT/VF Detections
- VT/VF Therapies

# Cardiac Implantable Electronic Devices

## ICD



- ✓ Battery
- ✓ Capacitor
- ✓ Low Voltage
- ✓ High Voltage
- ✓ Asystole
- ✓ Heart Failure
- ✓ Brady Detections
- ✓ Brady Therapies
- ✓ AT/AF Detections
- ✓ AT/AF Therapies
- ✓ VT/VF Detections
- ✓ VT/VF Therapies

# Cardiac Implantable Electronic Devices

## ILR



- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Battery  | <input checked="" type="checkbox"/> Brady Detections |
| <input type="checkbox"/> Capacitor           | <input type="checkbox"/> Brady Therapies             |
| <input type="checkbox"/> Low Voltage         | <input checked="" type="checkbox"/> AT/AF Detections |
| <input type="checkbox"/> High Voltage        | <input type="checkbox"/> AT/AF Therapies             |
| <input checked="" type="checkbox"/> Asystole | <input checked="" type="checkbox"/> VT/VF Detections |
| <input type="checkbox"/> Heart Failure       | <input type="checkbox"/> VT/VF Therapies             |

# Cardiac Implantable Electronic Devices

## Trends

ICDs: Expanding Indications for implantation

Pacemaker: Increasing co-morbid conditions

# Expanding Indications

- *2006 ACC/AHA/ESC Guidelines for Management of Patients with Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death.*  
Circulation. 2006;114:1088-1132
- *2008 ACC/AHA/HRS Guidelines for Device-Based Therapy.*  
Circulation. 2008;117:2820-2840
- *2013 ACC/AHA Guideline for the Management of Heart Failure.*  
Circulation. 2013;128:e240-e327
- *2013 ACC/AHA Guideline for the Management of ST-Elevation Myocardial Infarction.* Circulation. 2013;127:e362-e425

# Expanding Indications

- 2014 HRS/ACC/AHA Expert Consensus Statement on the Use of Implantable Cardioverter-Defibrillator Therapy in Patients Who Are Not Included or Not Well Represented in Clinical Trials

Circulation. 2014;130:94-125



# Charleston Comorbidity Index pacemaker population

	1993	2009
CCI >2		
VVI	14.1%	45%
DDD	13.5%	42.4%

# Device Interrogation

Device Clinic:

Clinical and Technical Effectiveness

Safety and Education

# Device Interrogation

Clinician:

Clinical Effectiveness

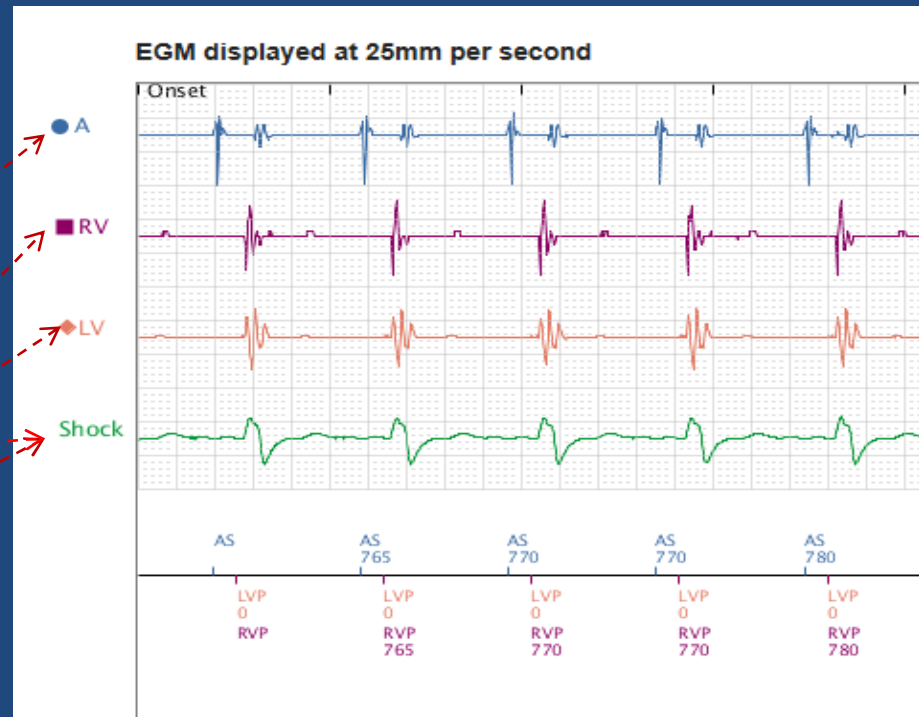
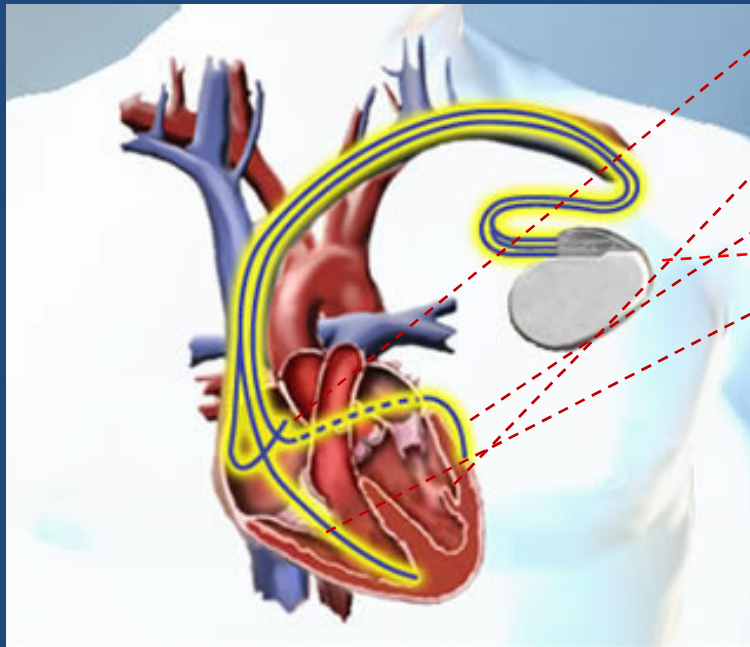
Impact on co-morbid conditions



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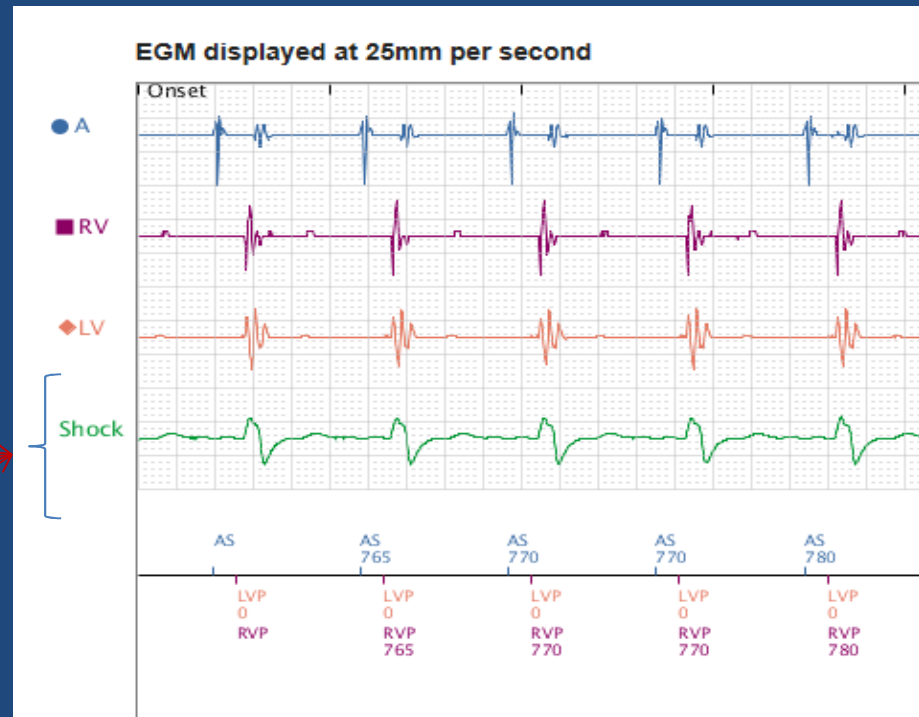
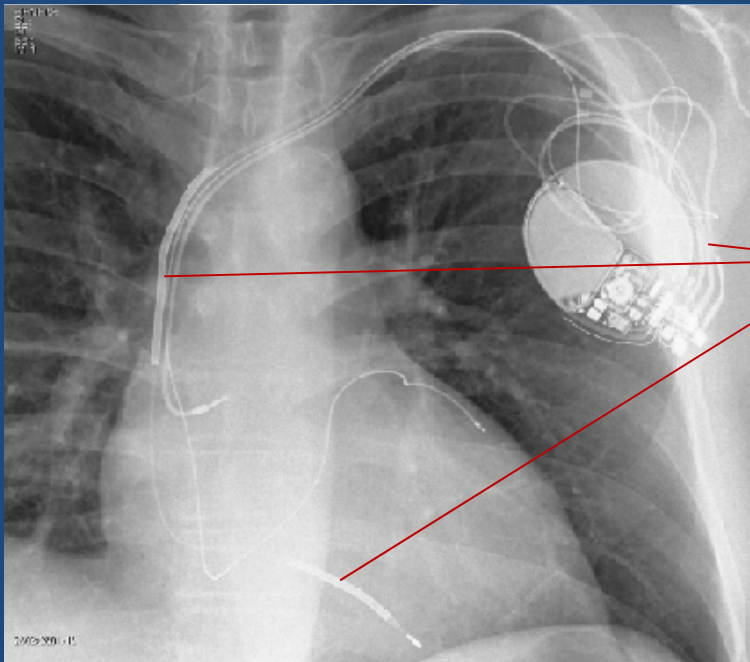
# Assessing Clinical effectiveness

## Presenting rhythm



# Assessing Clinical effectiveness

## Presenting rhythm



# Assessing Clinical effectiveness

## Settings (Parameters)

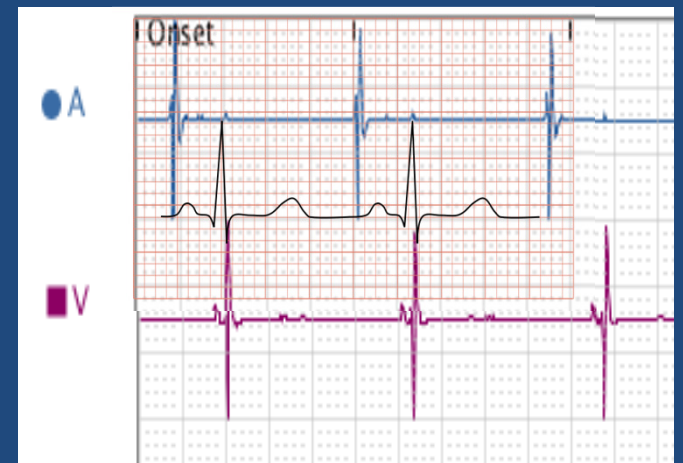
VF	200 bpm	ATP	41 J, 41 J, 41 Jx6
VT	175 bpm	ATP	41 J, 41 J, 41 Jx4
Mode			DDD - BIV
LRL - MTR			70 - 130 ppm
Paced AV Delay			180 - 180 ms
Sensed AV Delay			120 - 120 ms
LV Offset			0 ms

# Assessing Clinical effectiveness

Intrinsic amplitude (mV)

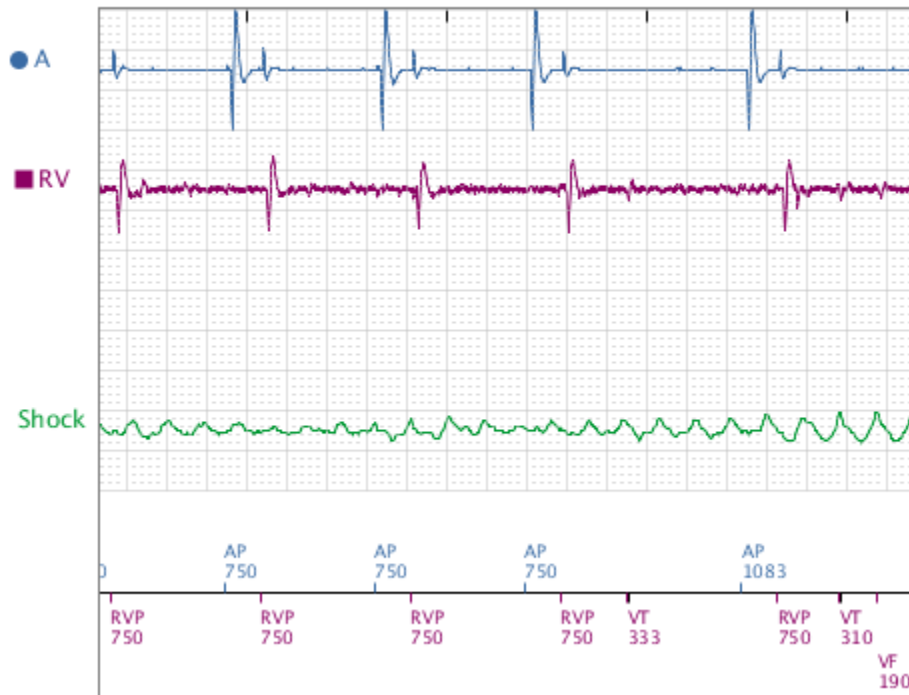
P wave: measurement of  
intrinsic atrial signal

R wave: measurement of  
intrinsic ventricular signal

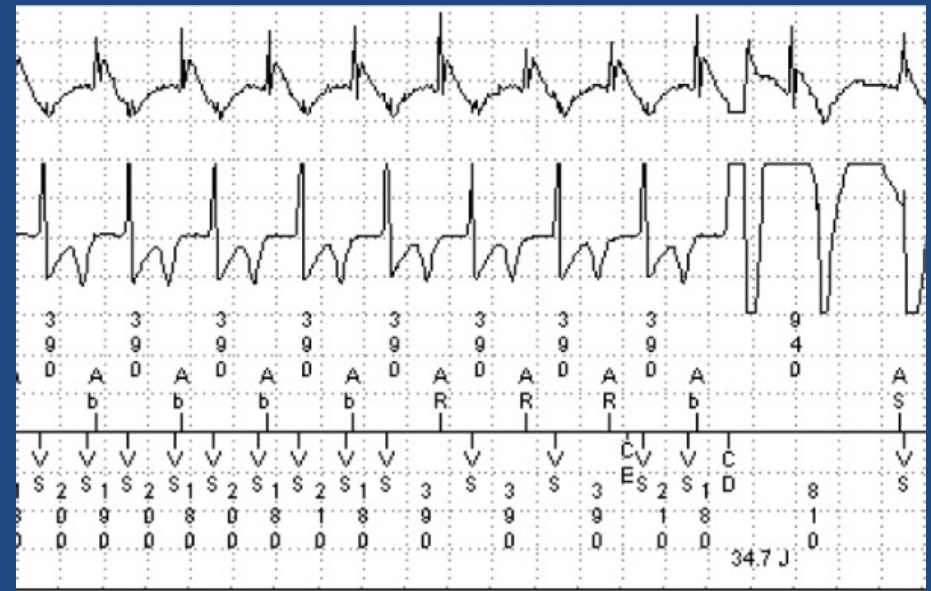


# Assessing Clinical effectiveness

EGM displayed at 25mm per second



Ventricular undersensing



Ventricular oversensing





# Assessing Clinical effectiveness

Lead status:

Fracture

Insulation breach

Threshold



Impedance

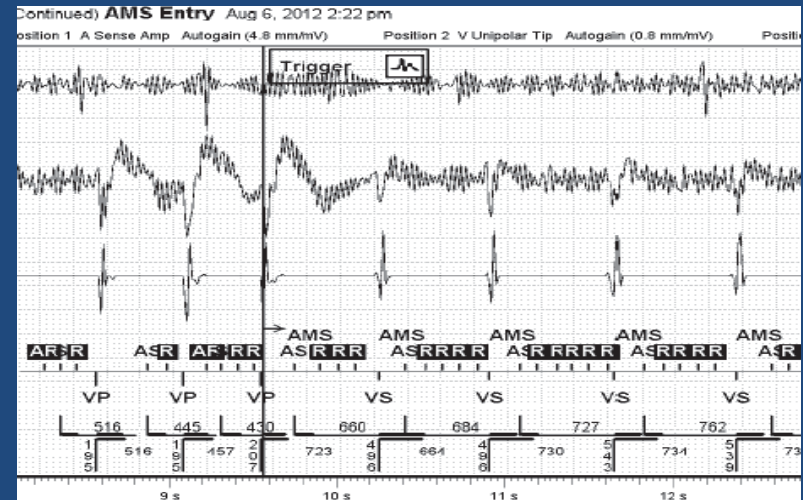


# Assessing Clinical effectiveness

## Lead status:



Lead chatter



EMI

# Assessing Clinical effectiveness

Observations:

Arrhythmia events

Percent paced

Histogram

Red alert conditions

# Assessing Clinical effectiveness

## Observations:

### Arrhythmia events

- Correlate clinical symptoms to arrhythmia occurrence
- Assess response to antiarrhythmic therapy

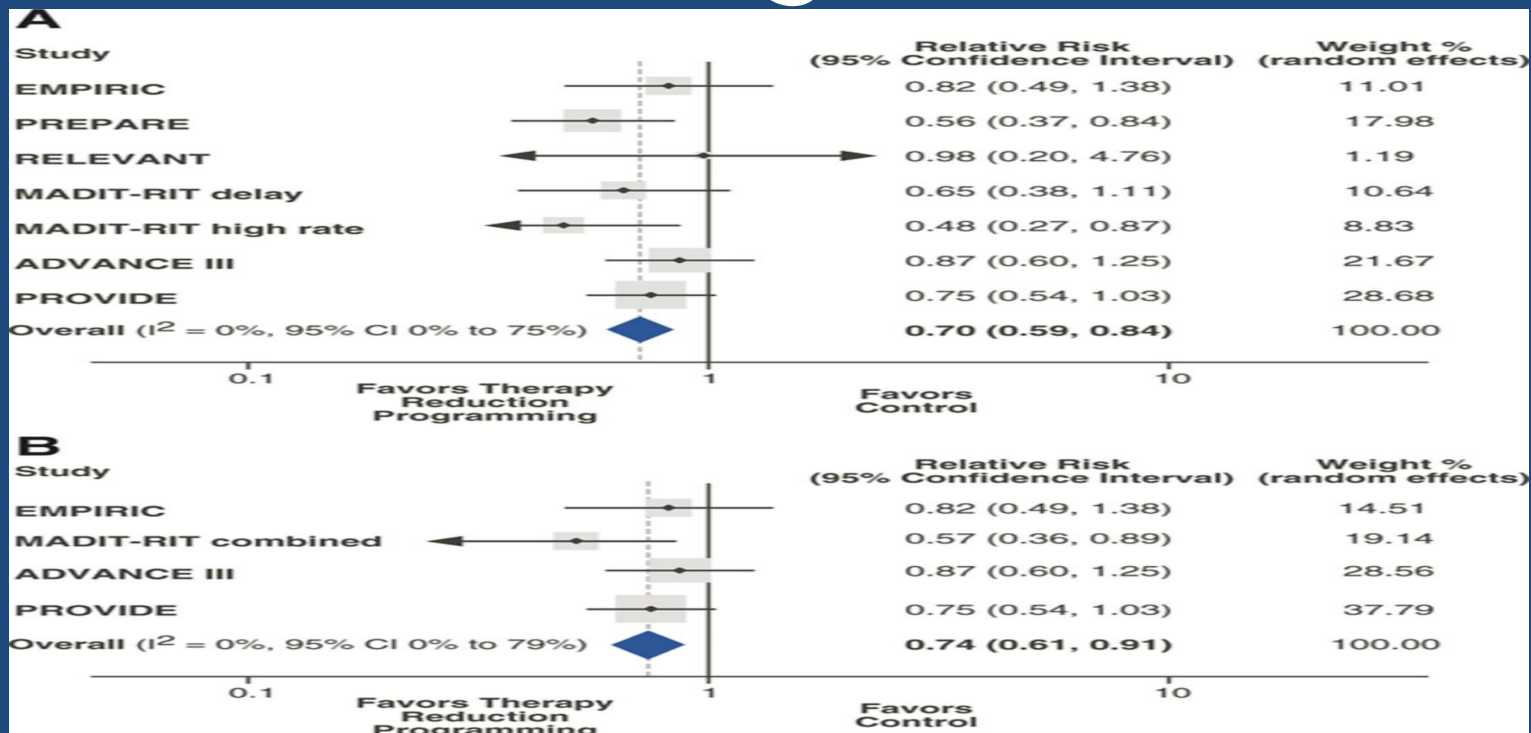
# Assessing Clinical effectiveness

## Observations:

### Arrhythmia events

- Determine severity of arrhythmia vis-à-vis need for intervention
- Minimize ICD shocks

# Minimizing ICD Shocks



Vern Hsen Tan et al. *Circ Arrhythm Electrophysiol.*  
2014;7:164-170

# Minimizing ICD Shocks

## Conventional programming

VF detection: 1 sec

VT detection: 2.5 secs

12 of 16

SVT discrimination: 188-  
200

ATP therapy: 188-200 bpm

## Therapy reduction programming\*

VF detection: 60 sec

VT detection: 6 - 12 secs

30 of 40

SVT discrimination: 188-230

ATP therapy 188-230 bpm

*2015 HRS/EHRA/APHRS/SOLAECE expert consensus statement on optimal implantable cardioverter-defibrillator programming and testing*

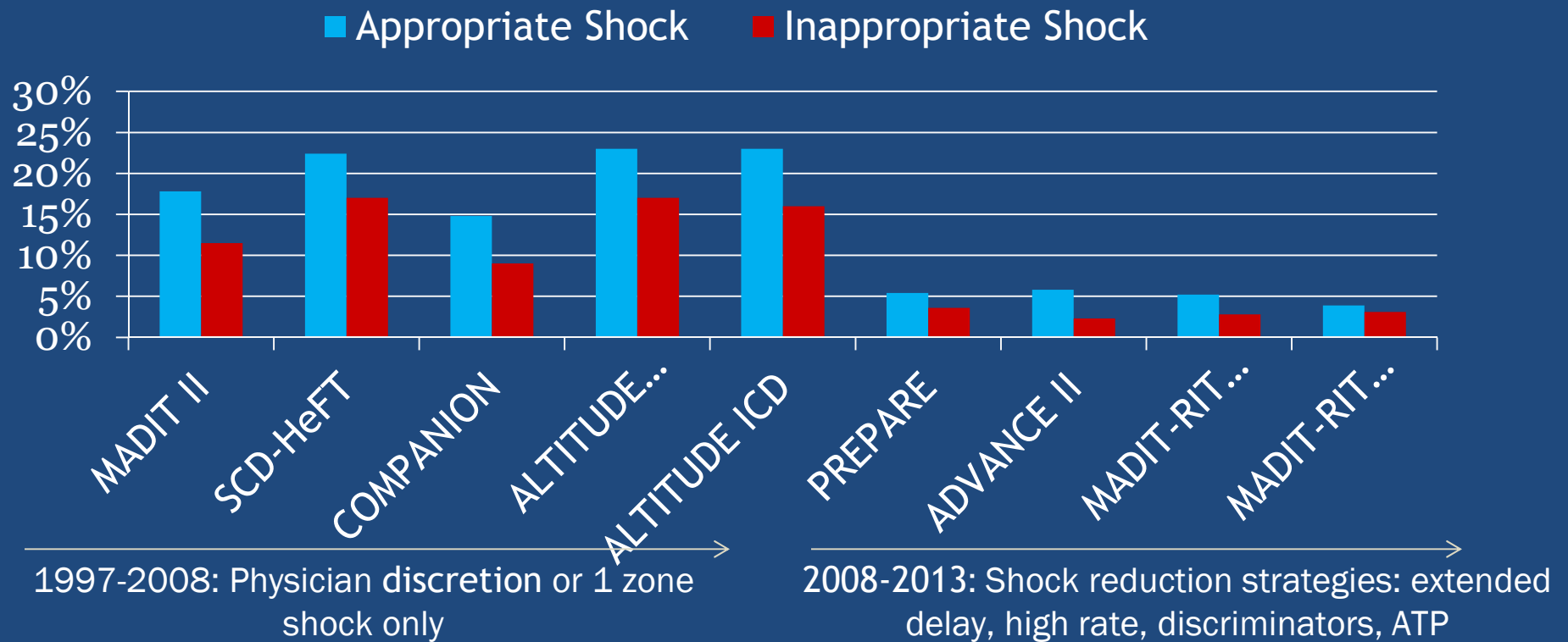
*\*for primary prevention*



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# INCIDENCE Appropriate and Inappropriate Shocks



Daubert JP, et al. *JACC* 2008; 51:1357-1365.  
 Bardy GH, et al. SCD-HeFT. *NEJM* 2005; 352:3:225-237.  
 Saxon, LA et al. *Circulation* 2006; 114; 2766-2772.  
 Saxon LA et al. *Circulation* 2010; 122:2359-2367.

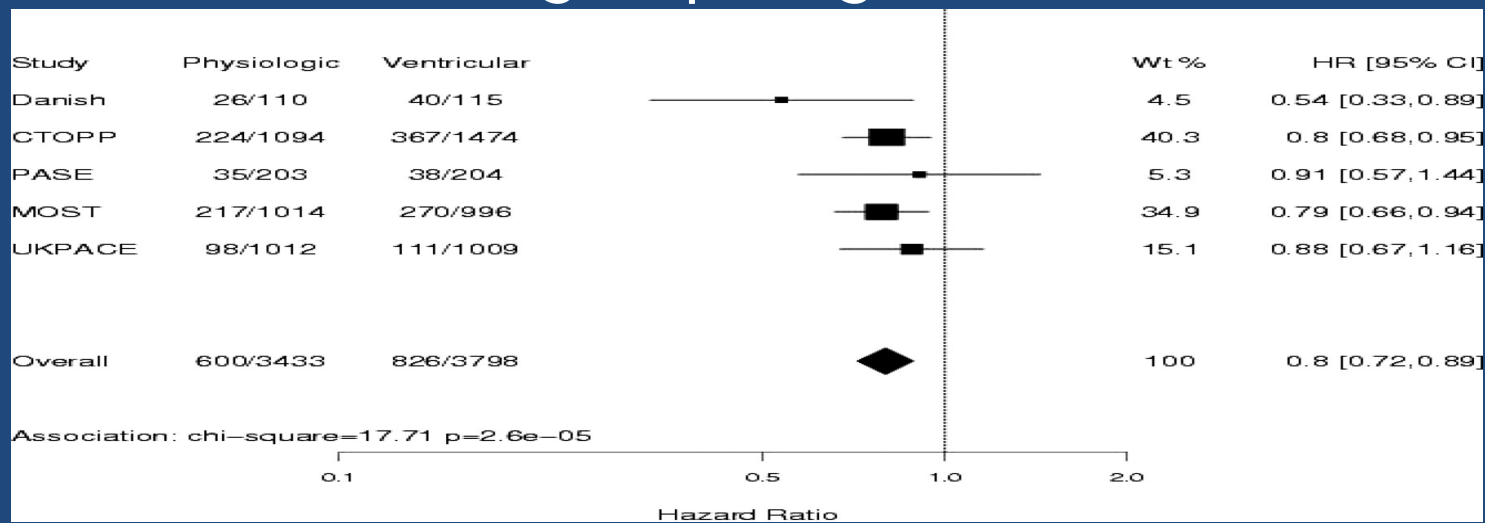
Wilkoff B, et al. *JACC* 2008; 52:541-550  
 Gasparini, M, et al. *JAMA* 2013; 309: 1903-1911.  
 Moss, A, et al. *NEJM* 2012; 367:2275-2283



# Assessing Clinical effectiveness

## Observations: Percent paced

- Minimizing RV pacing



Effect of pacing mode on incidence of Afib

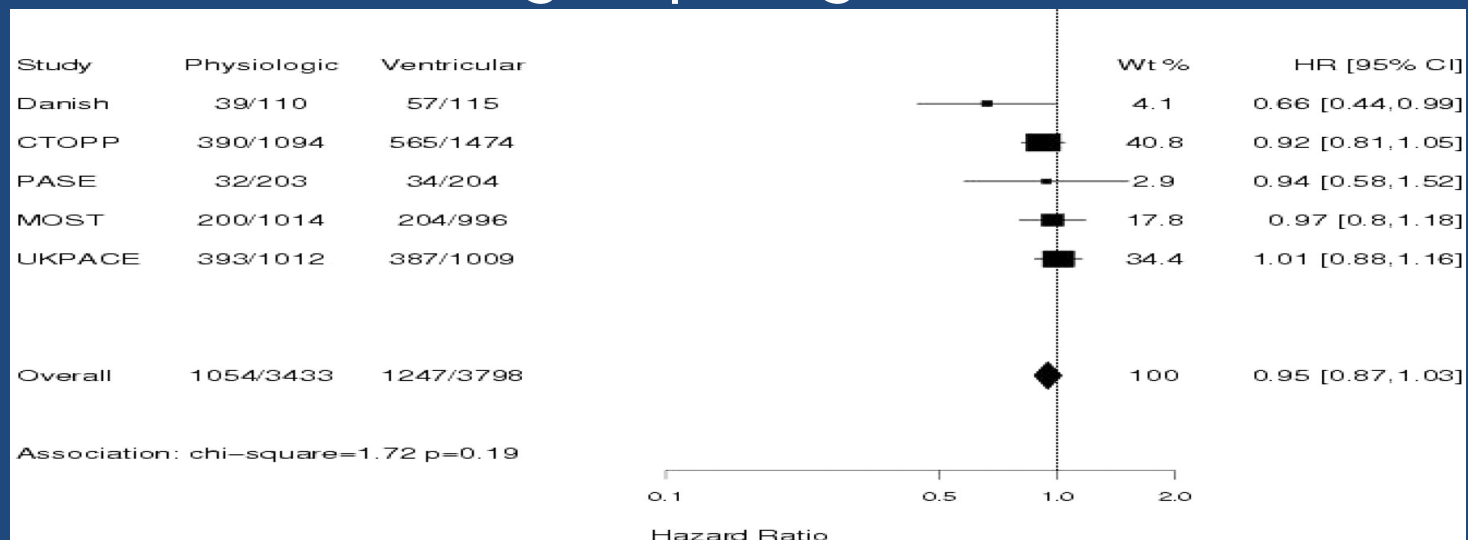
Healey, et al. *Circulation*. 2006;114:11-17.



# Assessing Clinical effectiveness

## Observations: Percent paced

- Minimizing RV pacing



Healey, et al. *Circulation*. 2006;114:11-17.

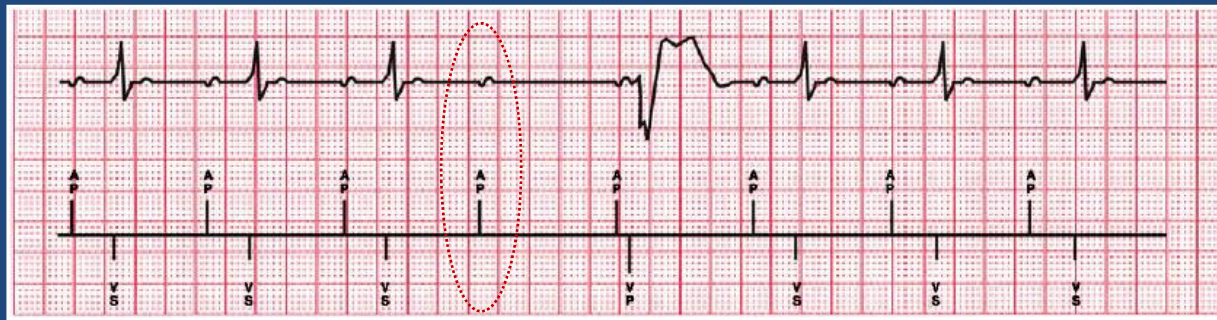
Effect of pacing mode on incidence of stroke

# Assessing Clinical effectiveness

Observations:

Percent paced

- Minimizing RV pacing



Courtesy of Medtronic Inc

Loss of conduction  
↑ Back-up V-pace

# Assessing Clinical effectiveness

## Observations:

### Percent paced

- Maximizing BiV pacing

	Prior to Last Session 04-Feb-2016 to 05-May-2016 91 days	Since Last Session 05-May-2016 to 04-Aug-2016 91 days
AS-VS	0.3%	< 0.1%
AS-VP	5.8%	1.6%
AP-VS	1.8%	2.1%
AP-VP	92.2%	96.3%
Total VP*	89.3%	89.5%
VSR Pace	1.8%	1.9%
VS	8.9%	8.5%
CRT Pacing		
Bi-V	95.4%	94.8%
LV	0.0%	0.0%

\* Total VP may decrease 1% to 2% due to periodic AdaptivCRT sensing.

*2015 HRS/EHRA/APHRS/SOLAECE expert consensus statement on optimal implantable cardioverter-defibrillator programming and testing*



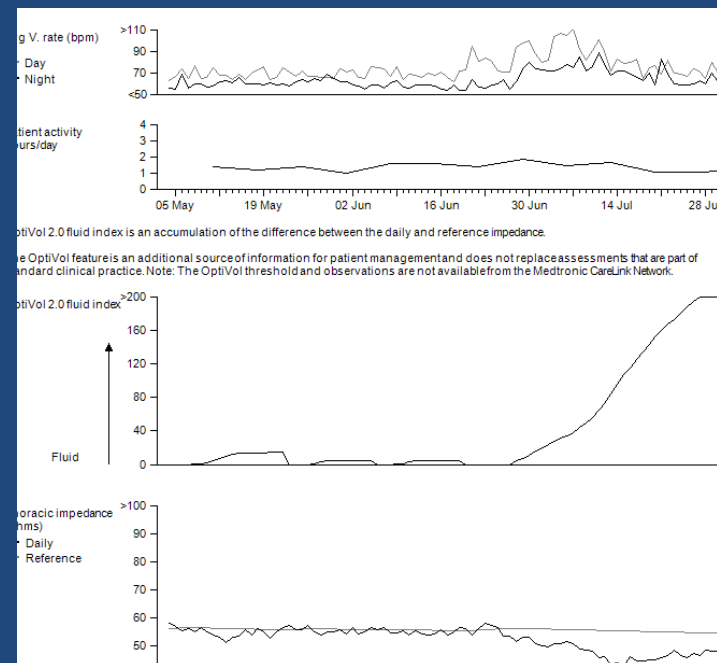
# Assessing Clinical effectiveness

Observations:

Lung impedance

Ave v rate

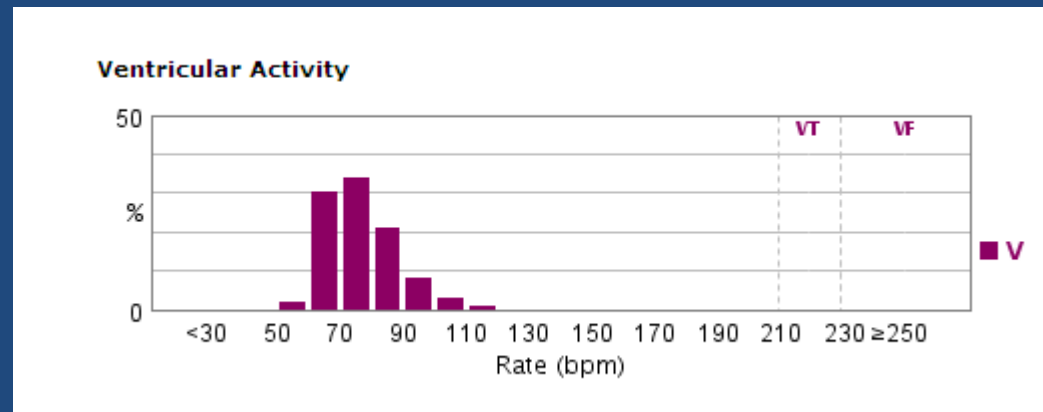
Fluid index



# Assessing Clinical effectiveness

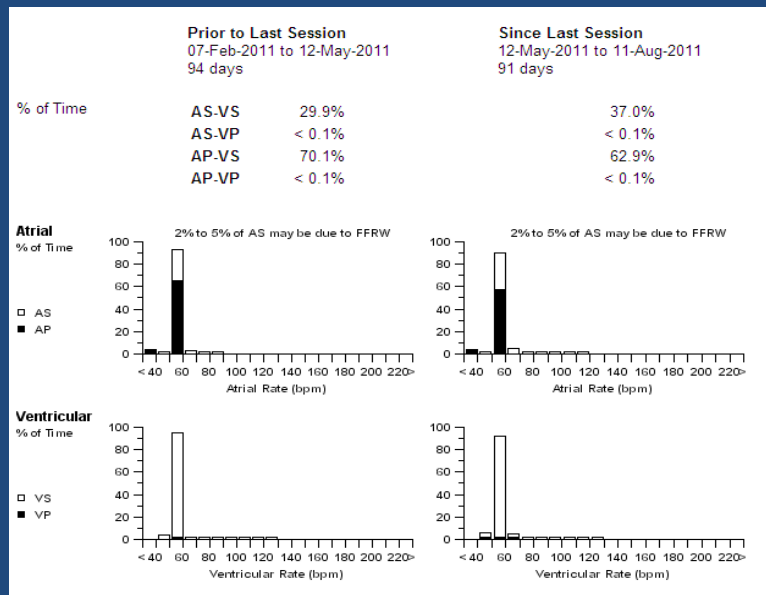
Observations:

Histogram provides a quick look at median and range of HR



# Assessing Clinical effectiveness

## Observations: Need for rate response



Diagnose chronotropic incompetence

Correlate with activity level



# Assessing Clinical effectiveness

## Voltage: battery status

### Battery

Longevity: 5.3-8.7 yrs



Implant Date:

May 12, 2016

Voltage

3.01 V

Magnet Rate

100.0 ppm

Battery Current

12 uA

Remaining Capacity to ERI

>95%



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# Assessing Clinical effectiveness

Evaluation (final):

Appropriate?

Normal function?

# And let's not forget the patient

## Pocket appearance



Good



Bad



Ugly

And let's not forget the patient

Deactivating CIEDs in terminally ill patients

CRT non-responders

Life with a CIED

# Take away points

Device interrogation provides a myriad of data

A clinician's focus

- clinical effectiveness

- Impact on co-morbidities

- Qol issues



*Thank you!*



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