THE FACTORS ASSOCIATED WITH REOPERATION AFTER DE NOVO PACEMAKER IMPLANTATION

ACC Poster Contributions
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Background: Prevention of reoperation during early stage after pacemaker (PM) implantation is important since it may cause various problems including PM infection, extended hospitalization, increased medical cost, and patients' affliction. We evaluated if there were any factors associated with reoperation.

Methods: This study included 197 patients undergoing de novo PM implantation from 2008 to 2010 (96 males, mean age 72.2+/−9.7 years). Patient characteristics and perioperative information including indication for PM, echocardiographic measurements, pacing mode, laterality of implanted site, lead location, procedural time, required bed rest duration, and use of anticoagulants or antiplatelets were compared according to presence or absence of reoperation within 1 month after PM implantation.

Results: All patients received active fixation atrial and/or ventricular lead(s). 11 among 197 patients (5.6%) underwent reoperation. Reasons for reoperation were lead dislodgement in 10 patients, and perforation in 1 patient. Mean duration from PM implantation to reoperation was 0.4+/−0.8 days. There were no significant differences between patients with and without reoperation in age, gender, height, weight, indication for PM, LA dimension, LV dimension, LVEF, TR-PG, implanted site, lead location, and use of anticoagulants/antiplatelets. Patients necessitating reoperation had shorter bed-rest duration (1.0+/−0.0 vs 7.2+/−10.2 hrs, p<0.05), longer procedural time (120.5+/−39.2 vs 103+/−30.0 min, p=0.07), and smaller BMI (19.6+/−3.7 vs 23.6+/−2.8, p<0.05).

Conclusions: Careful attention should be paid if they necessitate reoperation in patients with longer procedural time, shorter bed rest duration, and smaller BMI. Interestingly, it seems difficult to predict the need for reoperation according to lead location and use of anticoagulants or antiplatelets. Extremely shorter bed rest duration should be avoided to prevent reoperation especially in patients with longer procedural time and smaller BMI.