Moreover, a lot of patients who have to undergo a device implantation take anti-platelet and anti-coagulant drugs that are not easy to manage.

Survey: From May to October 2004 we selected 100 patients who took anti-platelet and anti-coagulant drugs who needed pacemaker or ICD devices or replacement of medical devices.

The surgery ended with the covering of the surgical pouch with fibrillar regenerated oxidized cellulose.

Results: None of the patients had important hematoma complications during the post-surgical course nor a decrease of the hematocrit values. Only 2 patients with mechanical cardiac valvular prosthesis with oral anti-coagulant therapy who had undergone emergency surgeries had a small hematoma, without decrease of hematocrit value and without any complications.

Conclusion: The use of fibrillar regenerated oxidized cellulose (Surgicel Fibrellar - Johnson & Johnson) once the pacemaker and ICD devices had been implanted in heart patients in anti-platelet and anti-coagulant pharmacological therapy considerably reduces the risk of bleedings during and after the surgery.

10. ALTERNATIVE SITES OF RIGHT VENTRICULAR PACING

10.1 ACUTE EVALUATION AND SHORT-TERM FOLLOW-UP OF SELECTIVE SITE PACING: DATA FROM THE SOUTH EUROPEAN SELECT SECURE REGISTRY

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Purpose: To verify the safety and efficacy of selective sites (SS) pacing using Medtronic Select Secure system.

Methods: In 25 Centers 72 pts were implanted in Right Atrium (RA) and/or Right Ventricle (RV) SS. 48 pts had atrial arrhythmias, 11 LA AB, 12 High degree AVB, 20 sick sinus syndrome.

Results: 40 pts were implanted in the RA: 6 in the Coronary Sinus Ostium, 4 in the Bachman Bundle, 35 in the Inter-Atrial Septum and 1 in Appendage.

Conclusions: All implants were successful but three: 2 acute dislodgements and 1 mild RV perforation without sequelae.

10.2 DIRECT HIS-BUNDLE PACING: ACOUSTIC ECHOCARDIOGRAPHIC EVALUATION

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Background: Right ventricular apical pacing alters impulse conduction producing an intraventricular desynchronization that could be detrimental for LV function. Direct His bundle pacing (DHBP) represents a novel approach to cardiac pacing in pts with normal His-Purkinje activation because it maintains the normal activation and contraction of ventricular myocardium.

Methods: In 88 patients candidates to a standard PM implant, narrow QRS (105±25 ms), His bundle pacing was attempted using the SS. EP catheter was used to record His signals and to confirm final lead position.

Results: In 79/88 patients His or para-Hisian pacing site was achieved, in remaining ones: 7 in the sepal Right Ventricular Outflow tract and 2 in the RV Apex. Patients had a III Month Follow-up and the acute and III Month electrical performances are shown in the table below.

Conclusion: His/para-Hisian pacing site was safely and easily reached in 89.7% of implants. From these data His/para-Hisian pacing is feasible and safe, long-term data are necessary to validate this technique.

10.3 COULD HIS BUNDLE BE EASILY REACHED AND EFFECTIVELY PACED WITH CURRENT LEAD SYSTEMS? THE SOUTH EUROPEAN SELECT SECURE REGISTRY EXPERIENCE


Background: a pacing system that could preserve His bundle activation should be the ideal pacing approach.

Aim: to investigate whether the His bundle could be reached and effectively paced using the Select Secure (SS) system, composed by a steerable catheter and a His lead.

Materials and Methods: in 88 patients candidates to a standard PM implant, with narrow QRS (105±25 ms), His bundle pacing was attempted using the SS. EP catheter was used to record His signals and to confirm final lead position.

Results: in 79/88 patients His or para-Hisian pacing site was achieved, in remaining ones: 7 in the septal Right Ventricular Outflow tract and 2 in the RV Apex. Patients had a III Month Follow-up and the acute and III Month electrical performances are shown in the table below.

Conclusion: His/para-Hisian pacing site was safely and easily reached in 89.7% of implants. From these data His/para-Hisian pacing is feasible and safe, long-term data are necessary to validate this technique.

10.4 REGIONAL STRAIN RATE IMAGING IN ASSESSING THE BIFOCAL PACING


Few data are available to show benefit of bifocal pacing (BIF) in HF patients. Regional strain rate (SR) and strain (S) may be a new echographic approach to quantify regional function during BIF pacing. Acute changes may be showed in patients during BIF vs VVI pacing.

Ten HF pts (7 m, 63±11y, 7 ischemic with LBBB, NYHA class 3), were evaluated after two years implantation of BIF device. Acute influence of the site of ventricular pacing was studied in the same session by comparison of the BIF pacing (two leads: one on septum and one in apex) vs VVI stimulation in sinus rhythm. SR, S peaks systolic curves and myocardial mean systolic velocity (Sm) were calculated at level of basal segment of septum, LV lateral wall and RV free wall.

Results: The BIF increased both SR of LV lateral wall [-2.03±0.8 vs 1.23±0.3 1/s, p<0.05] and S [1.79±0.8 vs -13.3±6 %]. No differences were observed in Sm data [3.58±1.2 vs 3.18±1.3 m/s].

Conclusion: SR is useful to evaluate the better acute performance of BIF in respect of conventional pacing.