Transvenska ekstrakcija elektroda elektrostimulatora srca u Kliničkom bolničkom centru Rijeka

Transvenous pacemaker lead extraction in University Hospital Center Rijeka

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Porastom broja ugrađenih elektrostimulatora srca povećava se učestalost komplikacija, što dovodi do sve veće potrebe za ekstrakcijom uređaja i elektroda. Najčešća indikacija je lokalizirana ili sustavna infekcija nakon ugradnje elektrostimulatora srca. Napretkom tehnologije omogućena je primjena novih alata i metoda koje povećavaju uspješnost i smanjuju rizik teških komplikacija.

Na Odjelu za aritmije i elektrostimulaciju srca Zavoda za kardiovaskularne bolesti Kliničkog bolničkog centra Rijeka 2013. godine započeo je program ekstrakcija elektroda.[1] Do sada je učinjeno 45 zahvata, odstranjeno je ukupno 78 elektroda, od čega su pet bile defibrilatorske. Najčešći uzrok bila je lokalizirana infekcija u predjelu lože odnosno dekubitus kože iznad uređaja. U postupku ekstrakcije primijenjena je tehnika dilatacijskih uvodnica, rjeđe tehnika trakcije uz uporabu „locking" stileta. Najčešća komplikacija bila je razvoj simptomatskoga perikardijalnog izljeva. Smrtnih ishoda nije bilo.

As the number of implanted pacemaker increases the incidence of complications also increase; this problem leads to a growing need for pacemaker and lead extraction. The most common indication for pacemaker lead extraction is localized or systemic infection. Advances in technology enabled the use of new tools and methods that increase the effectiveness and reduce the risk of serious intra and post-procedural complications.

At the Department for Arrhythmia and Electrical Stimulation at the University Hospital Centre Rijeka in early 2013, a pacemaker lead extraction program was started.[1] So far there were a total of 45 procedures, 78 leads were removed, of which five were defibrillator leads. The most common cause of lead extraction was a localized infection of the pacemaker pocket or a decubitus of the skin. The predominant extraction technique was the use of dilatation sheaths, while the use of traction and locking stylet was less common. The most significant complication was the development of symptomatic pericardial effusion. There were no fatal outcomes.

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LITERATURE

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