"A New Space - Extravascular ICD"

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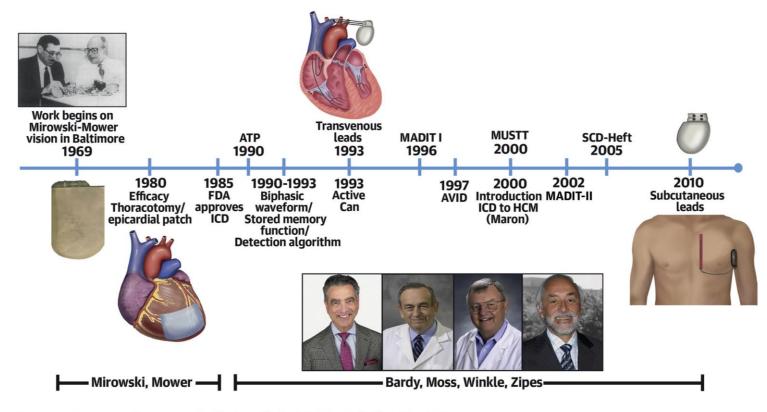


Automatic Implantable Cardiovertor Defibrillator

- Invented by Michel Mirowski
- In 1966 while working as a Cardiologist in Israel a friend and colleague Prof Harry Heller was diagnosed with VT and died suddenly 2 weeks later
- This inspired the concept of an automatic implantable defibrillator (later renamed to Implantable Cardiovertor Defibrillator -ICD)
- He began research on the ICD with Dr Morton Mower in 1969 in Baltimore
- By the Mid 1970's a series of 25 long-term chronic canine implants showed that the device could sense and defibrillate VT effectively
- First human implant 4/2/1980 at John's Hopkins Hospital by Dr Levi Watkins



Evolution of ICDs



Maron BJ, et al. J Am Coll Cardiol. 2023;82(4):353-373.

Lives Saved by ICDs

- Initially reserved for patients who had survived cardiac arrest (secondary prevention)
- Now most commonly used for primary prevention in patients with cardiomyopathies, ischaemic heart disease and channelopathies
- ICDs have been shown in most studies to reduce the absolute risk of all cause mortality in HF (EF < 35%) patients by 5 to 7% over 3 to 5 years
- 400,000 Cardiac Implantable Electronic Devices (CIEDs Bradycardia Pacemakers, Biventricular Pacemakers and ICDs) are implanted in the USA each year

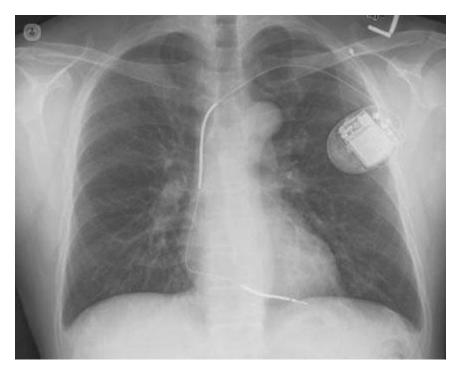


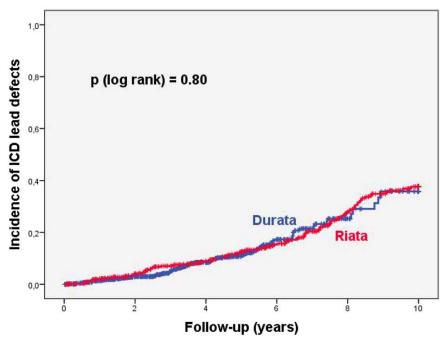
Problems with ICDs

- Lead failure
 - Conductor Fracture
 - Insulation erosion
 - Lead tip myocardial fibrosis
- Venous access thrombosis
- Infection
 - Leads
 - Can (Erosion)



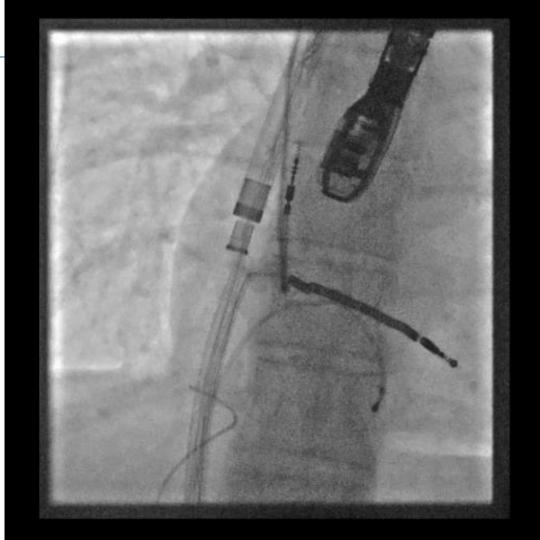
Likelihood of Transvenous ICD Lead Failure



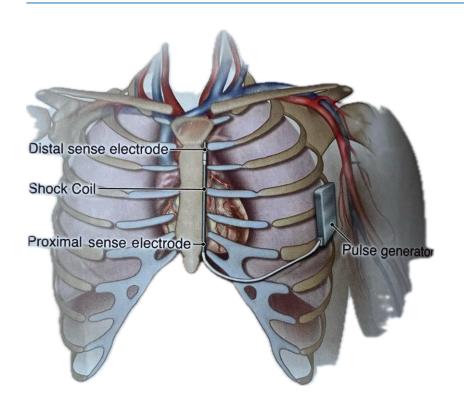


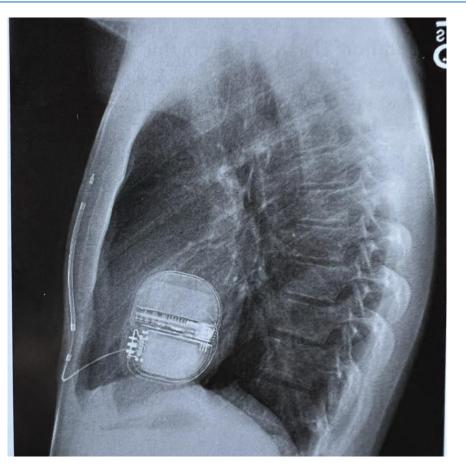


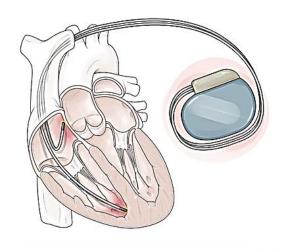
Need for Lead Extraction

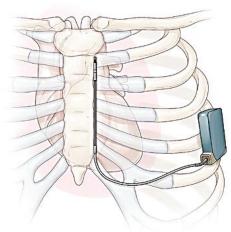


The Subcutaneous ICD









Conventional Transvenous ICD

Pros:

- Longer duration of use
- Supported by the strongest evidence
- Capable of bradycardia, antitachycardia, and, in some, biventricular pacing
- Longest battery life

Cons:

- Higher risk of infection
- Higher risk of lead-related complications

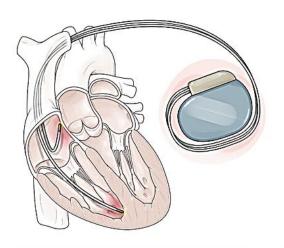
Subcutaneous ICD

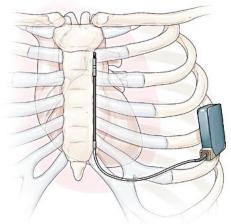
Pros:

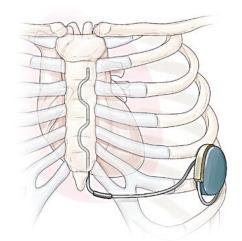
- · Lower risk of infection
- Lower risk of lead-related complications

Cons:

- Largest size
- Shorter battery life
- Not capable of bradycardia, antitachycardia, or biventricular pacing







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Extravascular ICD

Pros:

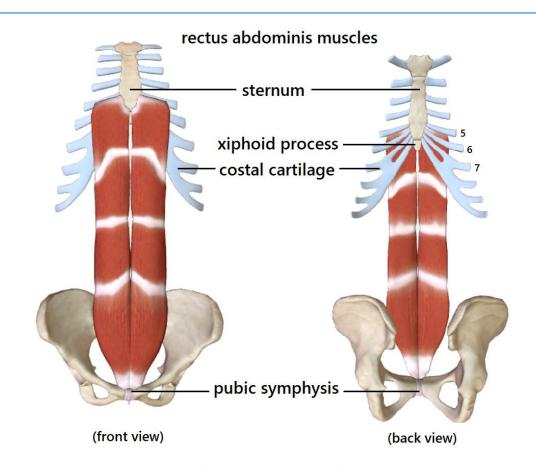
- · Lower risk of lead-related complications
- Capable of bradycardia and antitachycardia pacing

Cons:

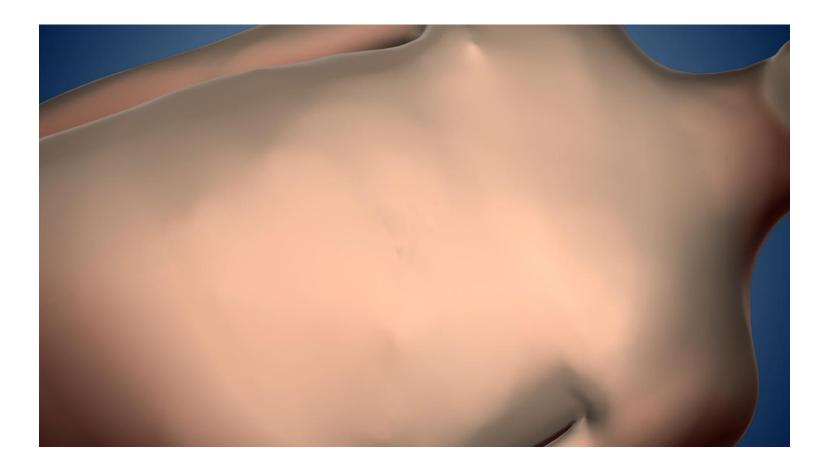
- No clinical practice data (not FDA-approved for clinical use in the United States)
- Higher risk of inappropriate shocks
- Logistic difficulties in aligning electrophysiologist's availability with thoracic surgeon's availability

Rectus Abdominis Anatomy





The Access to the Retrosternal Space



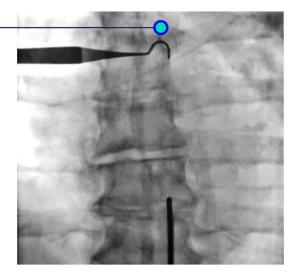
Tunneling Tool and Sheath





Tunneling

Top of cardiac silhouette marked with aneurysm tool



AP view should be used for confirmation of tool direction, to ensure tool remains in the target tunneling zone

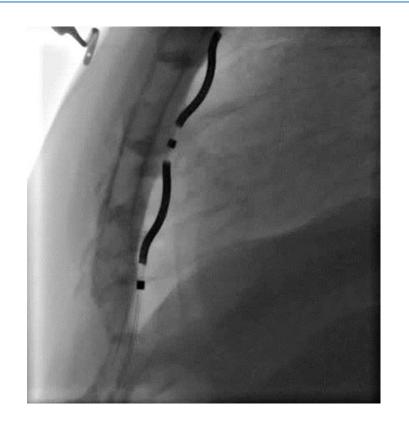






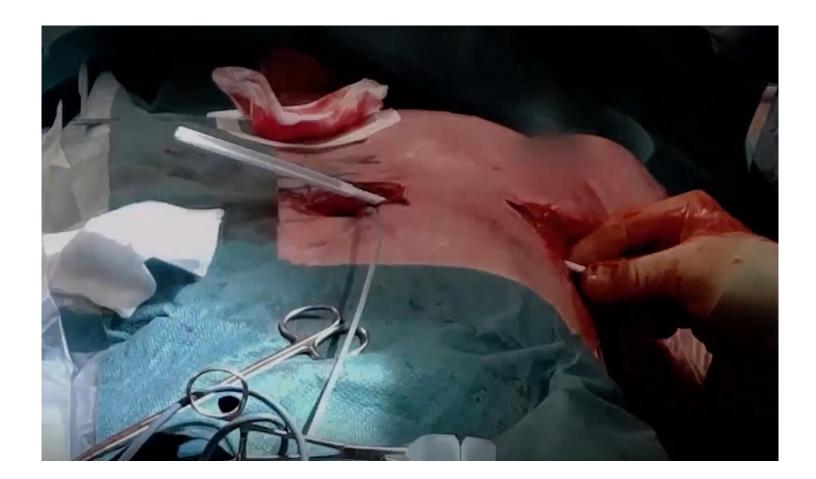
Lead Position





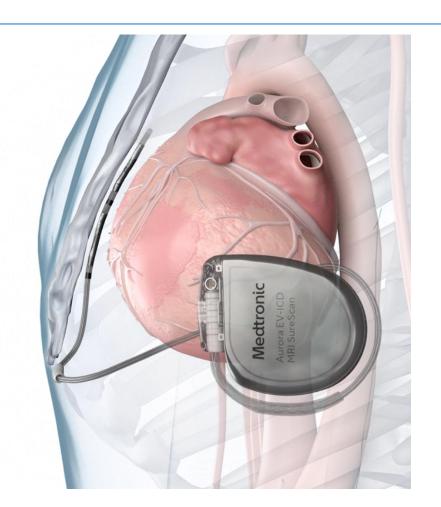


Device Pocket



Electrical Testing

- R wave ≥ 1mv and P wave
 < 0.2 mV
- Defibrillation testing with success at 30J



Pre D/C CXR







Advantages of the Extravascular ICD

- Avoids the INEVITABLE complications of intravascular defibrillator leads particularly in younger patients
- Provides brady and anti-tachy pacing which a subcutaneous ICD system doesn't
- Smaller more reliable battery that lasts longer

<u>Disadvantages of the Extravascular ICD</u>

- Can't be implanted in patients with previous open heart surgery or chest deformity
- Newer and more expensive



Conclusions

- Transvenous ICDs have saved many lives and bring advanced pacing and defibrillation therapies to large numbers of patients with significant health gains
- Lead related complications is the Achilles heel of the technology
- Subcutaneous and extravascular ICDs avoid the lead related problems
- Extravascular ICDs also provide pacing capabilities
- The Subcutaneous ICD will soon be provided with leadless pacing
- All this technology costs!







Thank you

