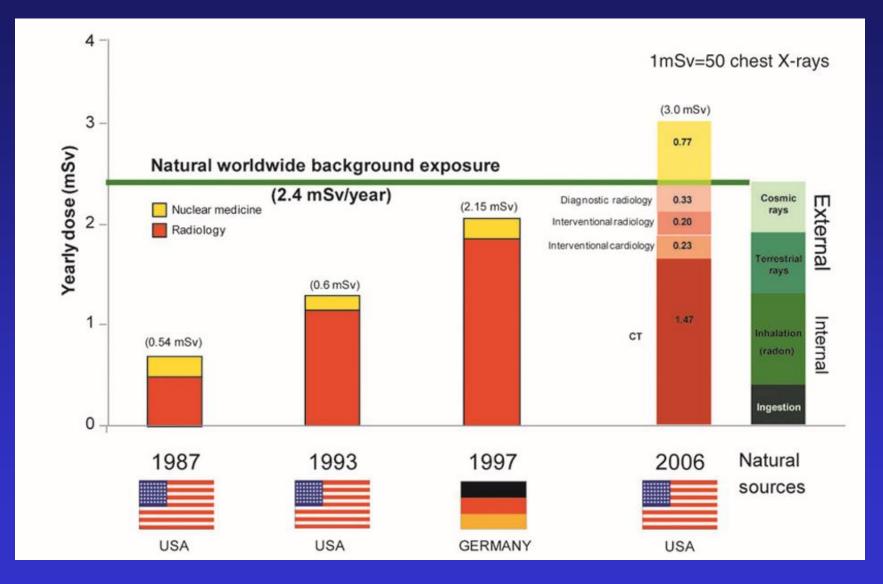
## **Use of 3D Mapping in CIED Implantation**

Dr Ngai-Yin Chan, MBBS, MD(HK), FRCP(Lond, Edin, Glasg), FACC, FESC, FHRS, Chief-of-Service, Department of Medicine & Geriatrics, Princess Margaret Hospital, Hong Kong Clinical Associate Professor (Hon), Department of Medicine & Therapeutics, The Chinese University of Hong Kong, Hong Kong

Heart Rhythm Symposium I, 28th Annual Scientific Congress, Hong Kong College of Cardiology, July 4 2020

#### **Medical Radiation**



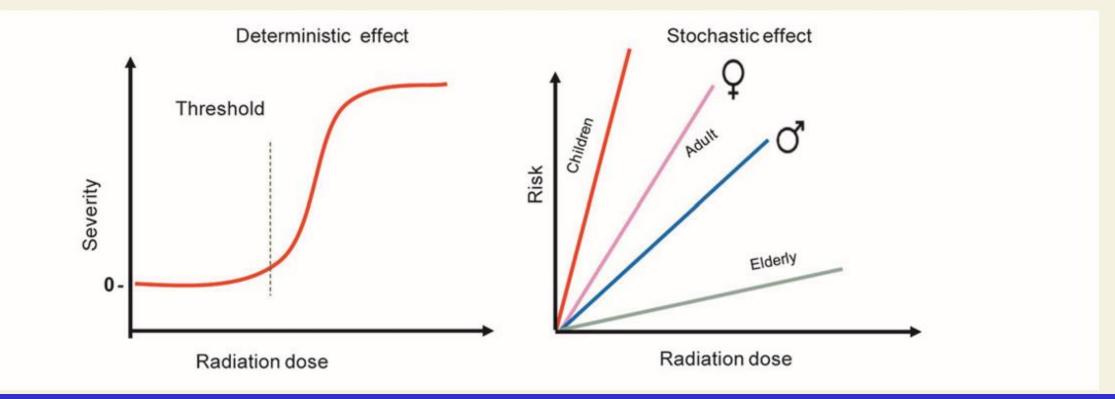
Picano E et al. The appropriate and justified use of medical radiation in cardiovascular imaging : a position document of the ESC Associations of Cardiovascular Imaging, Percutaneous Cardiovascular Interventions and Electrophysiology. Eur Heart J 2014;35:665-72

#### **Radiation Dose Parameters**

Modality	Parameter	Definition	Units		
General	Absorbed dose.	Amount of energy deposited in a material per unit mass.	Gray (Gy) 1 Gy=1 joules per kilogram.		
	Equivalent dose.	Absorbed dose multiplied by weighting factor based on the type of radiation (weighting factor of 1 for X-rays and gamma rays).	Sievert (Sv).		
	Effective dose.	Whole body quantity based on absorbed organ doses weighted based on their radiation sensitivity and type of radiation; weighted sum of the organ equivalent dose.	Sieverts (Sv).		
Fluoroscopy	Kerma (kinetic energy released per unit mass).	Energy transferred per unit mass of irradiated material.	Gray (Gy).		
	Air kerma.	Energy transferred per unit mass of air measured with an ionisation chamber.	Gray (Gy).		
	Dose area product.	Product of the air kerma and X-ray beam area.	Gy cm².		
	Peak skin dose	Accumulated absorbed dose to the most irradiated area of skin.	Gray (Gy).		
	Fluoroscopy exposure time	Cumulative time fluoroscopy is used.	Seconds/minutes.		
СТ	CT dose index (CTDI).	Average absorbed dose from one axial CT scan measured with an ionisation chamber	Gray (Gy).		
	Weighted CTDI (CTDI <sub>w</sub> ).	CTDI weighted across the field of view with 1/3 for the centre and 2/3 for the edge.	Gray (Gy).		
	Volume CTDI (CTDI <sub>vol</sub> ).	CTDI <sub>w</sub> divided by pitch.*	Gray (Gy).		
	Dose length product.	CTDI <sub>vol</sub> multiplied by total scan length.	mGy cm.		
Radioisotopes	Radioactivity.	Rate of nuclear decay events (decays per second).	Becquerel (Bq).		
*Pitch=table movement per rotation/slice thickness.					

\*Pitch=table movement per rotation/slice thickness.

## Health Hazard of Ionizing Radiation



Picano E et al. The appropriate and justified use of medical radiation in cardiovascular imaging : a position document of the ESC Associations of Cardiovascular Imaging, Percutaneous Cardiovascular Interventions and Electrophysiology. Eur Heart J 2014;35:665-72

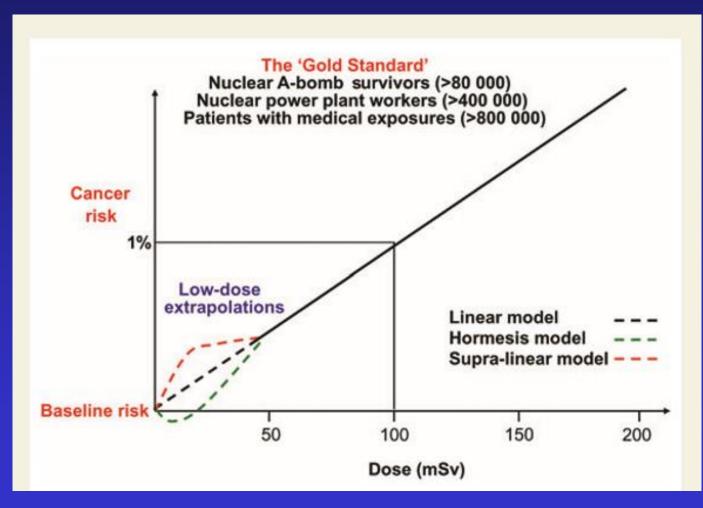
## Deterministic Effect-Absorbed Dose Threshold

Deterministic effect	Absorbed dose threshold (Gy)*		
Skin erythema	3–6		
Skin burns	5–10		
Temporary hair loss	4		
Sterility	3–6		
Cataracts	0.5		

## **Radiation Dose in Terms of DAP and Fluoroscopy Time**

	DAP per exam (Gy cm <sup>2</sup> )	Fluoroscopy time per exam (min)
Coronary angiography	31	4.3
Coronary graft angiography	47	13
Percutaneous transluminal coronary angioplasty (single stent)	40	11.3
Pacemaker (permanent)	7	6
DAP, dose area product.		

## Linear No-Threshold Model for Stochastic Effect



Picano E et al. The appropriate and justified use of medical radiation in cardiovascular imaging : a position document of the ESC Associations of Cardiovascular Imaging, Percutaneous Cardiovascular Interventions and Electrophysiology. Eur Heart J 2014;35:665-72

## Standard Average Radiation Doses of Common Cardiac Procedures

	Diagnostic procedures	Effective dose (mSv)	Equivalent CXRs	Background radiation (years)	Reference
Adult	Conventional radiography				25
	CXR (PA)	0.02	1	2–3 days	Mettler et al. <sup>25</sup>
	Invasive fluoroscopy	7 (2) 4 (2)	250		25
	Diagnostic coronary angiography	7 (2–16)	350	2.9	Mettler et al. <sup>25</sup>
	PCI	15 (7–57)	750	6.3	Mettler et al. <sup>25</sup>
Adult	Cardiac electrophysiology				
	Diagnostic EP studies	3.2 (1.3-23.9)	160	1.2	Heidbuchel et al. <sup>39</sup>
	Ablation procedure:	15.2 (1.6–59.6)	760	5.7	Heidbuchel <i>et al</i> . <sup>39</sup>
	AF	16.6 (6.6–59.2)	830	6.9	Heidbuchel <i>et al.</i> <sup>39</sup>
	AT-AVNRT-AVRT	4.4 (1.6–25)	220	1.8	Heidbuchel et al. <sup>39</sup>
	VT	12.5 (3 to ≥45)	625	5.2	Heidbuchel <i>et al.</i> <sup>39</sup>
	Regular PM or ICD implant	4 (1.4–17)	200	1.6	Heidbuchel et al. <sup>39</sup>
	CRT implant	22 (2.2–95)	1100	9.1	Heidbuchel <i>et al.</i> <sup>39</sup>
	ст				
	64-slice coronary CTA	15 (3–32)	750 (150–1600)	6.25	Mettler et al. <sup>25</sup>
	Calcium score	3 (1–12)	150	1.25	Mettler et al. <sup>25</sup>

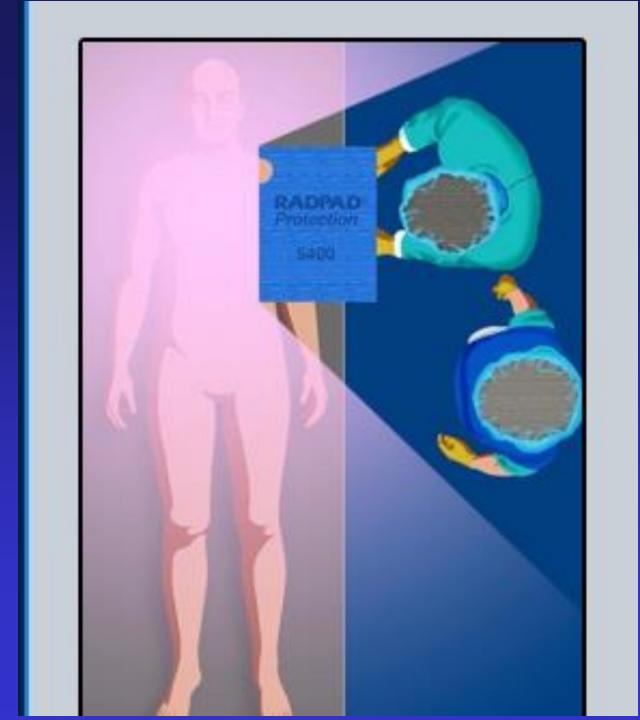
Picano E et al. The appropriate and justified use of medical radiation in cardiovascular imaging : a position document of the ESC Associations of Cardiovascular Imaging, Percutaneous Cardiovascular Interventions and Electrophysiology. Eur Heart J 2014;35:665-72

## **Principles of Radiation Protection and Regulations**

- ALARA: As low as reasonably achievable
- ALARP: As low as reasonably practicable

#### **Protection From Radiation**

- Radiation dose reduction techniques including patient tailored imaging, good operator technique, hardware and software improvements
- Personal protective equipment



Bismuthcontaining Radiationabsorbing Drape

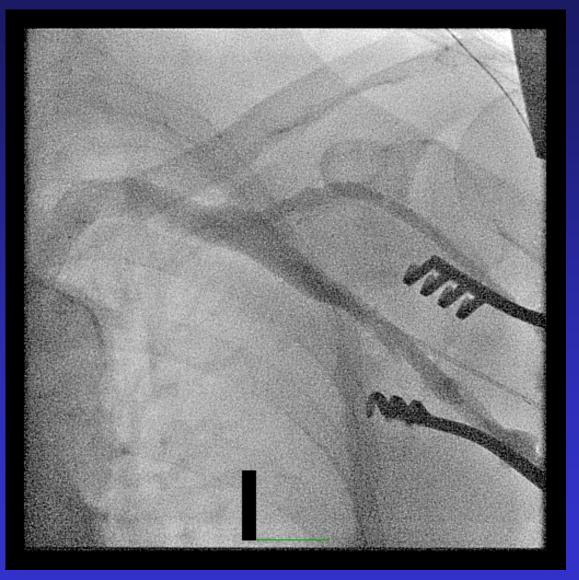
## **Bismuth-containing Radiationabsorbing Drape**

Radiation Doses as Measured at Six Body Locations by TLD

	Mean Dose/DA Average (SD) (µgy/			
Location	Radiation-Absorbing Drape	Control	Difference (%)	P Value
Left hand	0.0362 (0.0461)	0.1027 (0.0655)	65	0.0008
Right hand	0.0374 (0.0461)	0.0991 (0.1212)	62	0.0003
Left eye	0.0006 (0.0036)	0.0008 (0.0085)	27	0.42
Right eye	0.0107 (0.0126)	0.0175 (0.0190)	39	0.002
Body	0.0267 (0.0241)	0.0761 (0.0561)	65	0.0004
Right foot	0.0512 (0.0314)	0.0539 (0.0259)	5	0.49

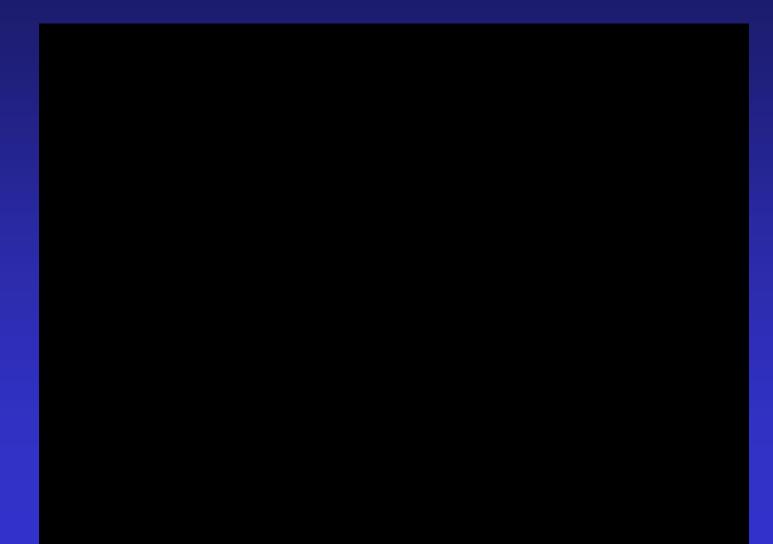
SD = standard deviation; TLD = thermoluminescent dosimeter.

#### **Contrast Venography-guided Axillary Vein Puncture**

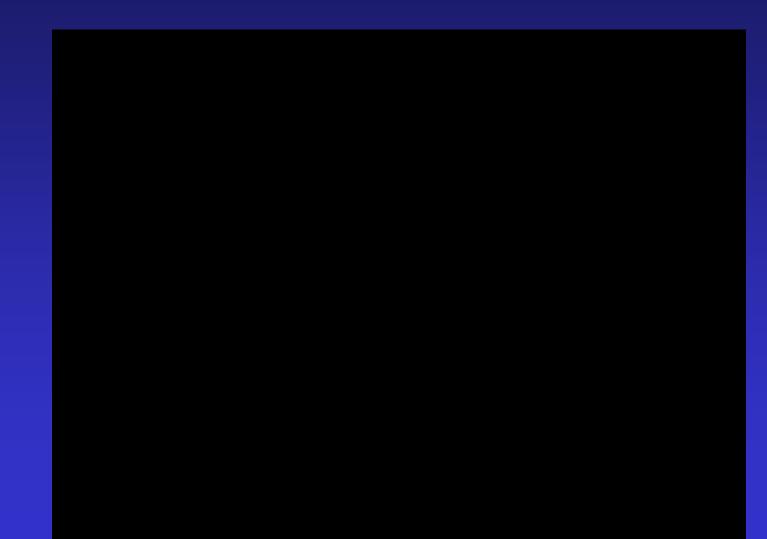


Chan NY et al. Venous access and long-term pacemaker lead failure: comparing contrast-guided axillary vein puncture with subclavian puncture and cephalic cutdown. Europace 2017;19(7):1193-7

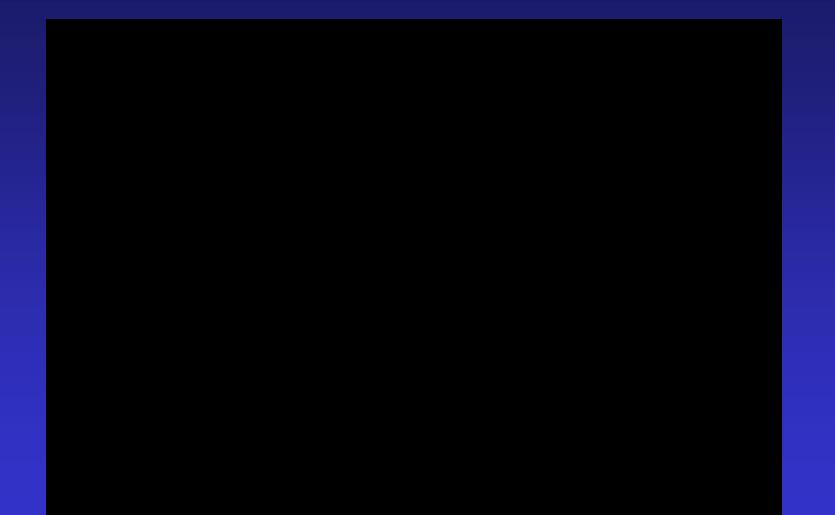
#### **USG-guided** Axillary Vein Puncture



#### **USG-guided Axillary Vein Puncture**



#### **USG-guided** Axillary Vein Puncture



## USG-guided vs Fluoroscopic-guided Axillary Vein Puncture

Success rates: 92 vs 91% (USG vs fluoroscopy groups) No acute or long-term complication in both groups

	USAA (n = 49)	AVA using fluoroscopic landmarks ( $n = 46$ )	P value
Total procedure time, minute	48 (40-70)	49 (40-60)	.55
Air-Kerma,(mGy)	11 (8-20)	37 (24-81)	<.00001
DAP, Gy-cm <sup>2</sup>	3 (2-5)	10 (6-16)	<.00001
Fluoroscopy time, second	97 (62-163)	271 (185-365)	<.00001
X-rays emission time, second	7 (4-10)	21 (13-39)	<.00001
Abbreviation: DAP, dose-area product.			

#### **Ensite-guided EP Catheter Placement**



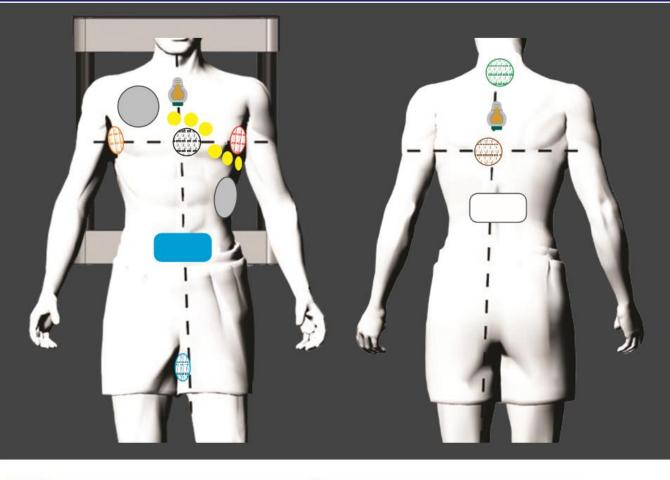
#### **Ensite-guided Catheter Ablation**

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#### **Catheter Localization by Ensite NavX Technology**





System Reference Electrode

**Defibrillator Patch** 

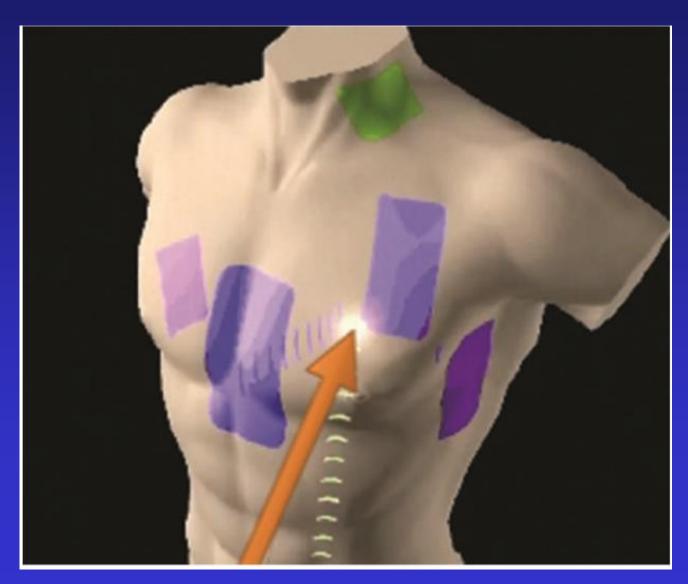
**RF** Dispersive Patch

EnSite Precision™ Surface Electrode

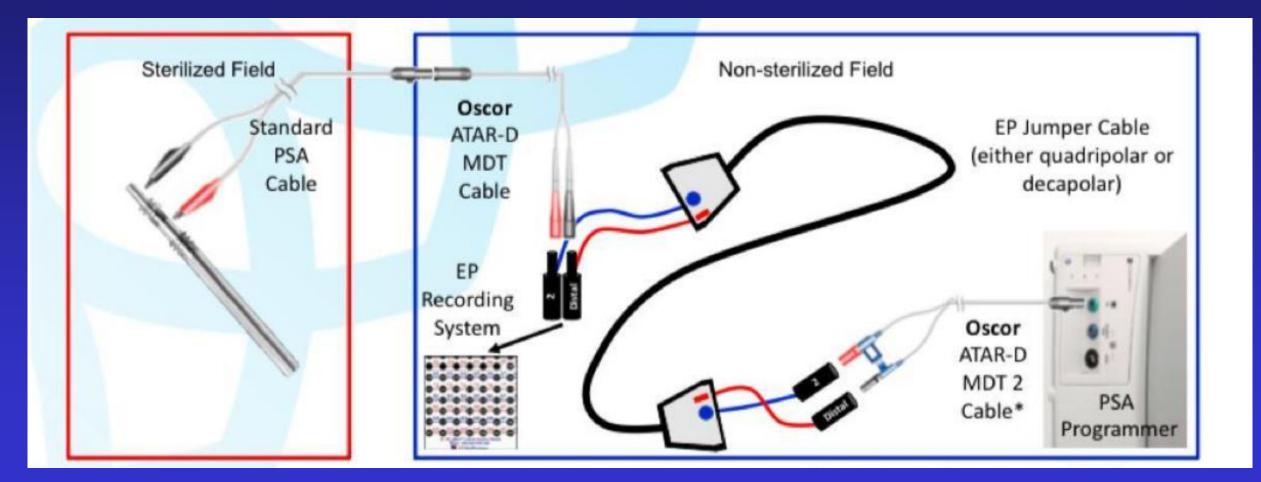


Patient Reference Sensor

#### **Catheter Localization by Ensite NavX Technology**

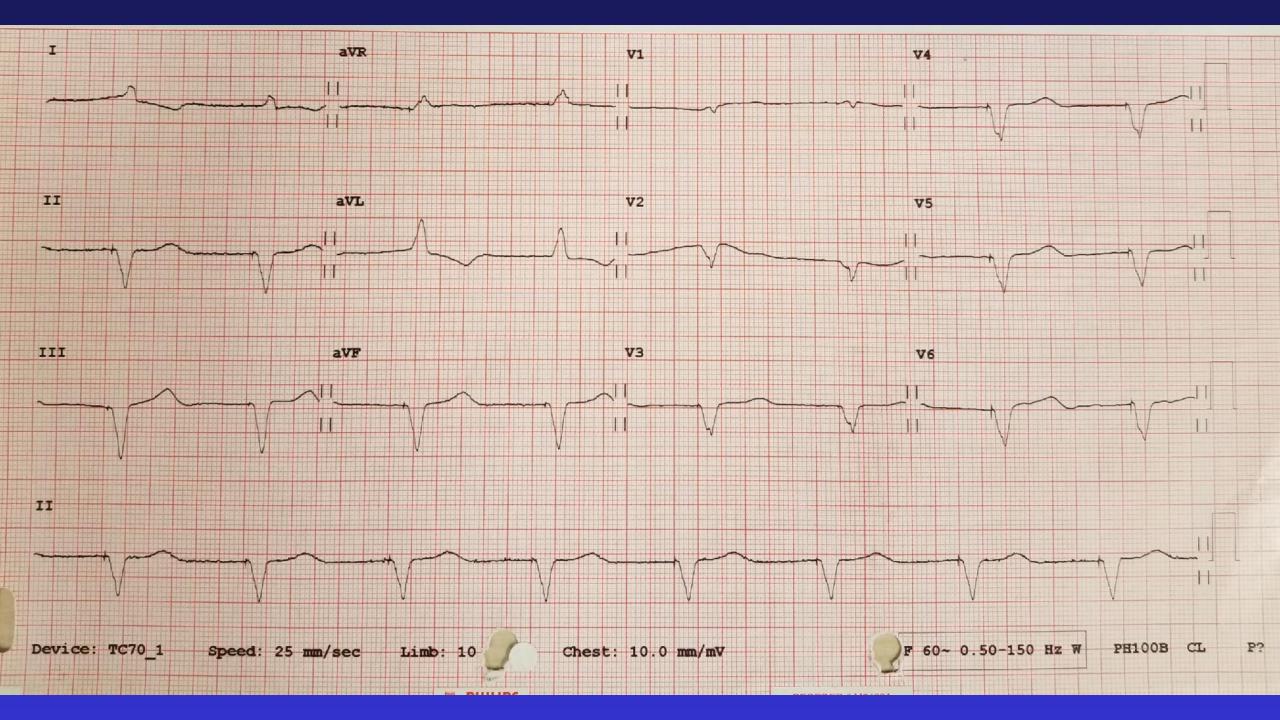


## Cable Connection for 3D Mapping-guided CIED Implantation



#### 1<sup>st</sup> Patient

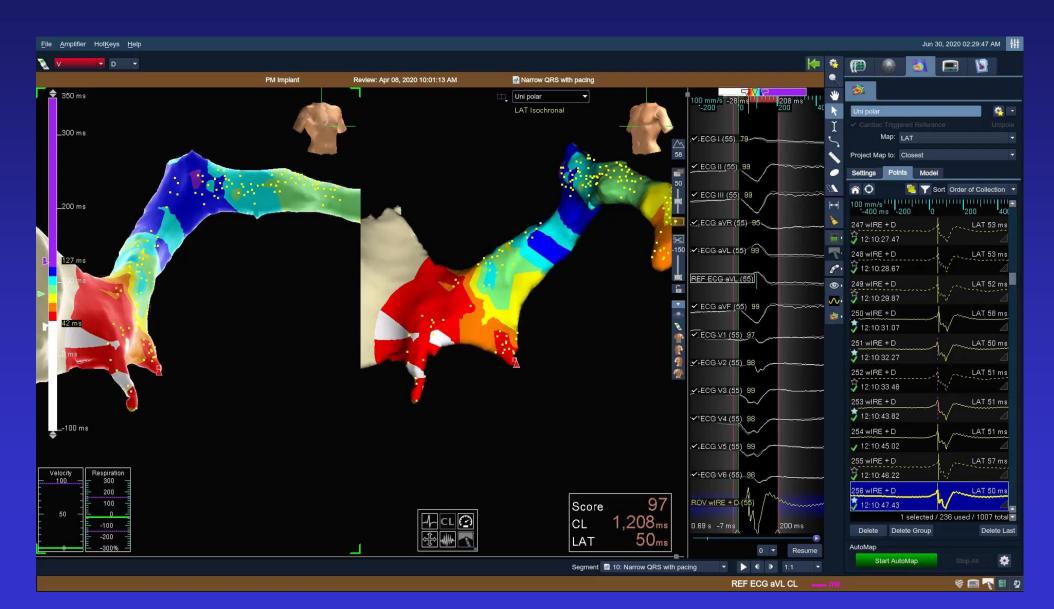
- F/53
- SSS s/p DDDR pacing in 2000
   Developed AF and right MCA infarct in 2011
   Menorrhagia and diverticulosis with Fe def anaemia
   Pancytopenia pending workup
- Recurrent heart failure hospitalization since January this year
- Echo: Dilated RA, RV, severe TR; severe impairment in LV systolic function



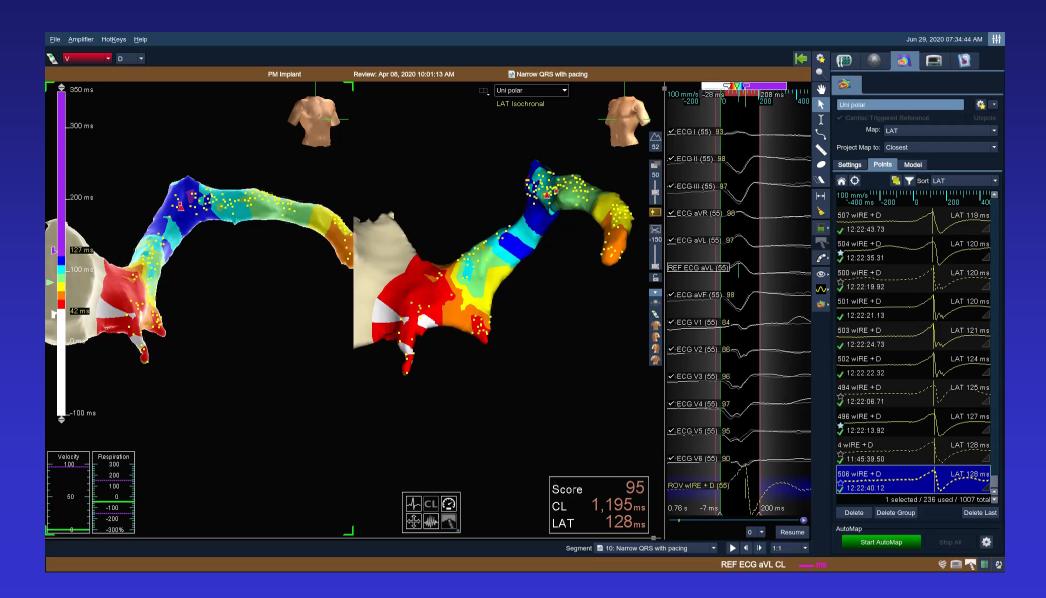
#### **Guidewire Mapping of Cardiac Veins**



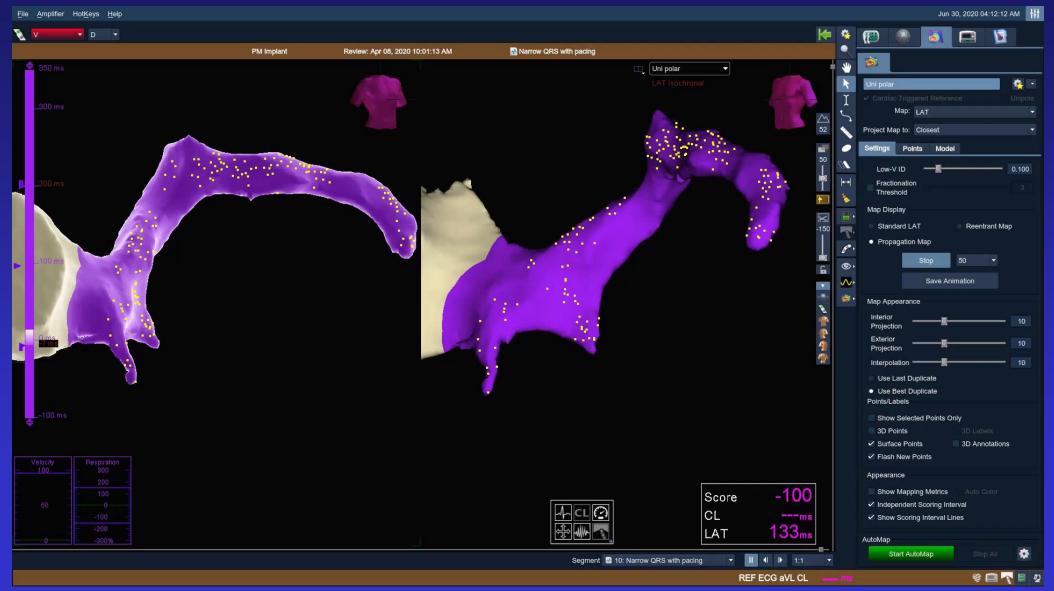
#### **Activation Time of Posterolateral Cardiac Vein**

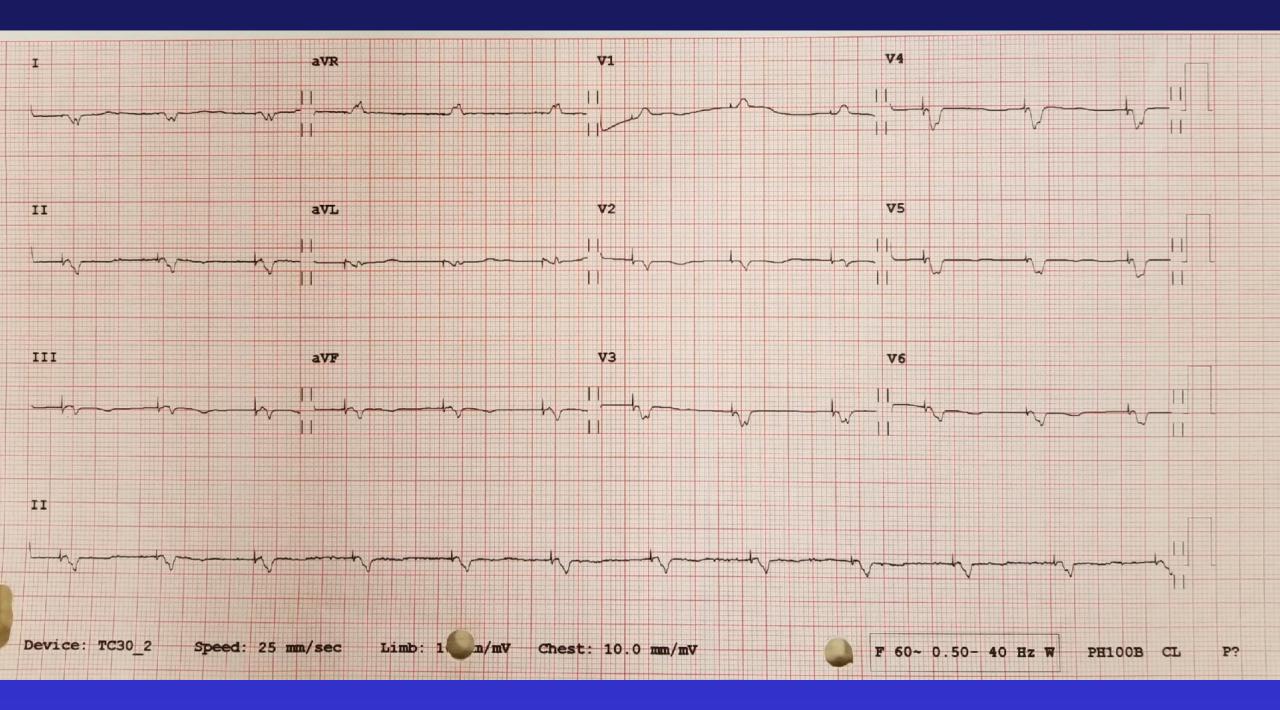


#### **Activation Time of Anterior Cardiac Vein**



## **Propagation Map**





# **RV Pacing-induced Cardiomyopathy**



# Reverse Remodelling of LV After Ensite-guided



## **ESC Guidelines on CRT Optimization**

Recommendations	Class <sup>a</sup>	Level <sup>b</sup>	Ref. <sup>c</sup>
I) The goal of CRT should be to achieve BiV pacing as close to 100% as possible since the survival benefit and reduction in hospitalization are strongly associated with an increasing percentage of BiV pacing.	lla	B	67–69
<ol> <li>Apical position of the LV lead should be avoided when possible.</li> </ol>	lla	В	70–72
<ol> <li>LV lead placement may be targeted at the latest activated LV segment.</li> </ol>	ШЬ	В	73

Brignole M et al. 2013 ESC guidelines on cardiac pacing and cardiac resynchronization therapy. European Heart Journal 2013;34:2281-2329

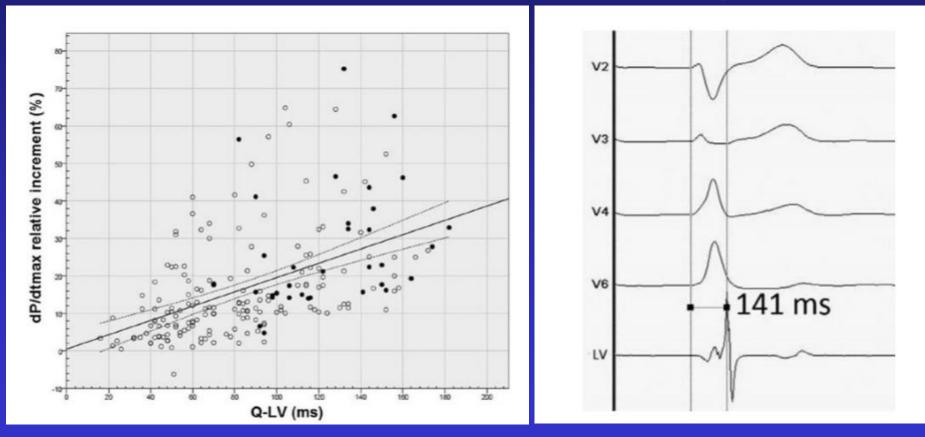
#### **Q-LV Interval and Acute Haemodynamics in CRT**

N=32 patients underwent CRT

All available cardiac veins tested, Q-LV interval measured at each pacing site, LV dP/dt<sub>max</sub> measured at

baseline and during pacing

In 31 out of 32 patients, highest LV dP/dt<sub>max</sub> correlated with maximum Q-LV interval Q-LV interval >95ms corresponded to >10%  $\uparrow$  in LV dP/dt<sub>max</sub>



Zanon F et al. Determination of the longest intrapatient left ventricular electrical delay may predict acute hemodynamic improvement in patients after cardiac resynchronization therapy. Circ Arrhythm Electrophysiol 2014;7:377-83)

#### **LV Lead Location and CRT Response**

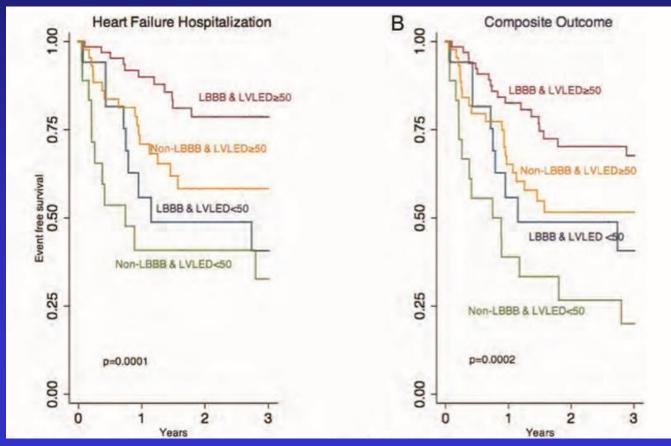
N=144 patients underwent CRT

Left ventricular lead electrical delay (LVLED)=interval between QRS onset on ECG to the peak of sensed LV

electrogram and corrected for QRS width

Time to 1<sup>st</sup> heart failure hospitalization

Composite outcome of all-cause mortality, HFH, LVAD implantation and cardiac transplantation at 3 years Cox regression model, long LVLED predicts improved outcome



Kandala J et al. QRS morphology, left ventricular lead location, and clinical outcome in patients receiving cardiac resynchronization therapy. Eur Heart J 2013;34:2252-62

## **Ensite NavX-guided CRT Implantation**

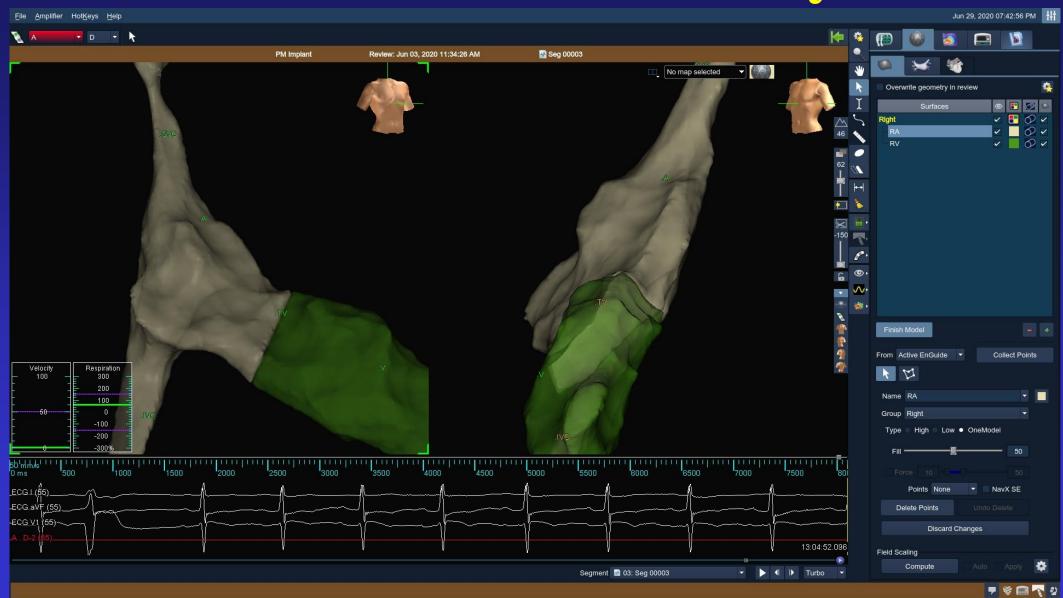
	Ensite-guided group (n=125)	Conventional group (n=250)	<b>P-value</b>
LV lead placement success rate	122 (98%)	242 (97%)	0.76
Median fluoroscopic time (minutes)	4.1 (0.3-10.4)	16 (11-26)	<0.001
CS angiography	33 (26%)	208 (83%)	<0.001
Complication rate	5 (4%)	17 (7%)	0.28

Greco MD et al. Three-dimensional electroanatomic mapping system-enhanced cardiac resynchronization therapy device implantation: results from a multicenter registry. J Cardiovasc Electrophysiol 2017;28:85-93

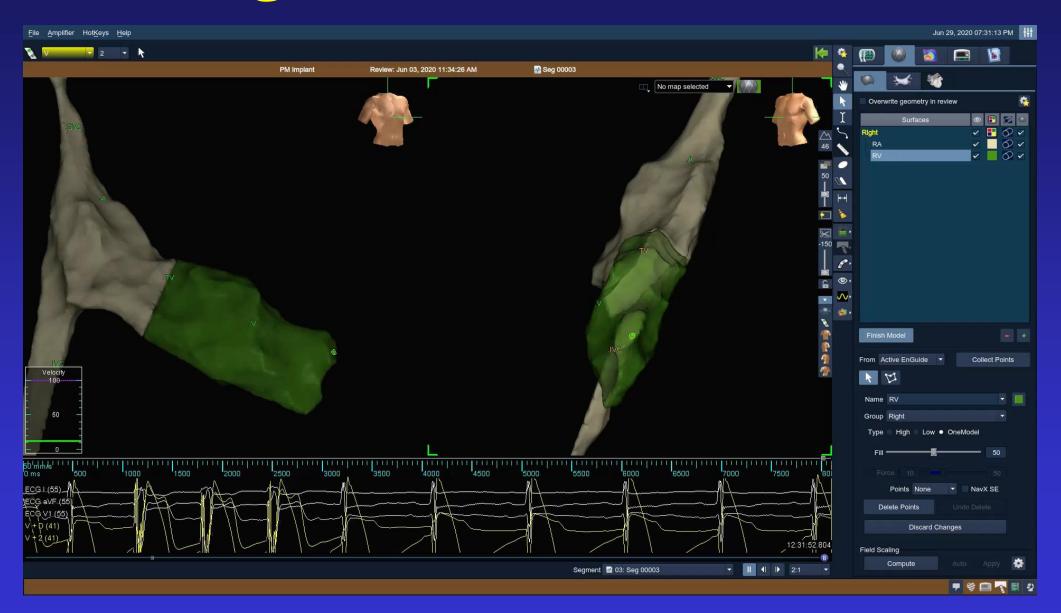


- F/83
- History of HT, DM, hyperlipidaemia, right basal ganglia infarct and bilateral DMR
- Presented with syncope
- ECG showed 2 to 1 AVB

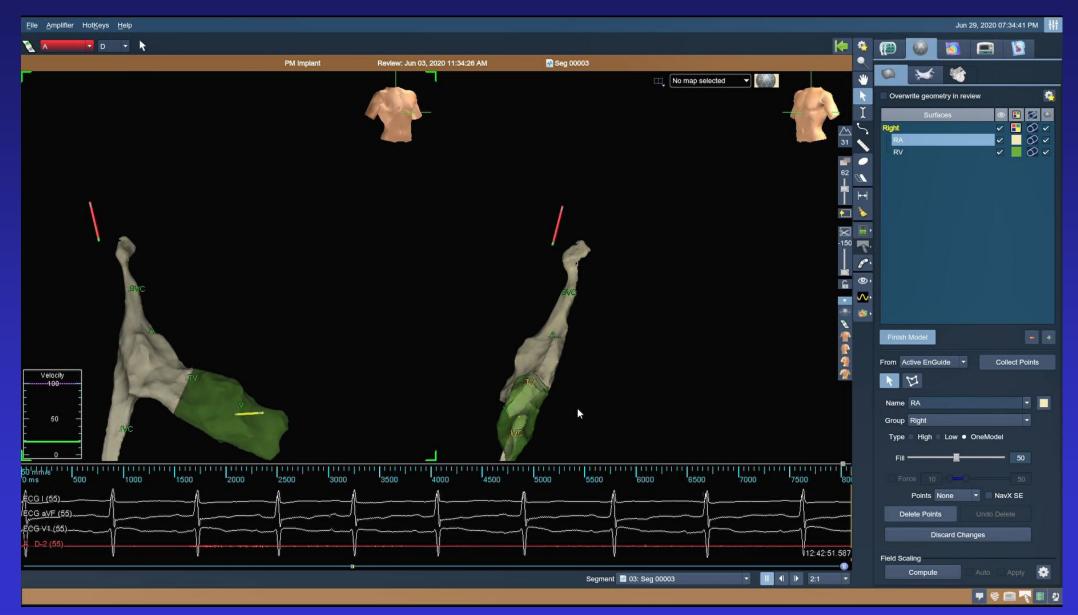
#### **RA and RV Geometry**



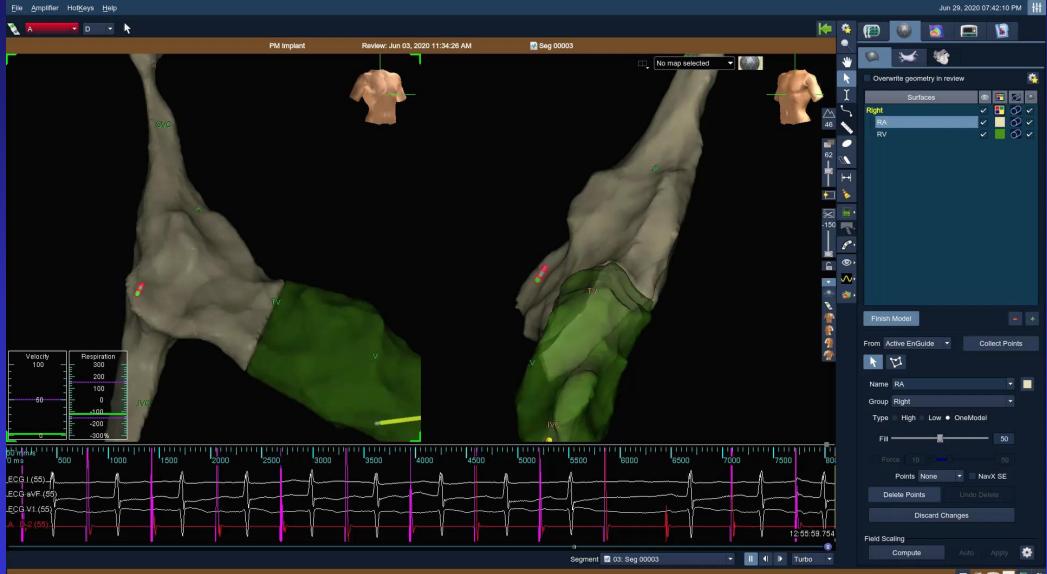
#### **Ensite-guided RV Lead Placement**



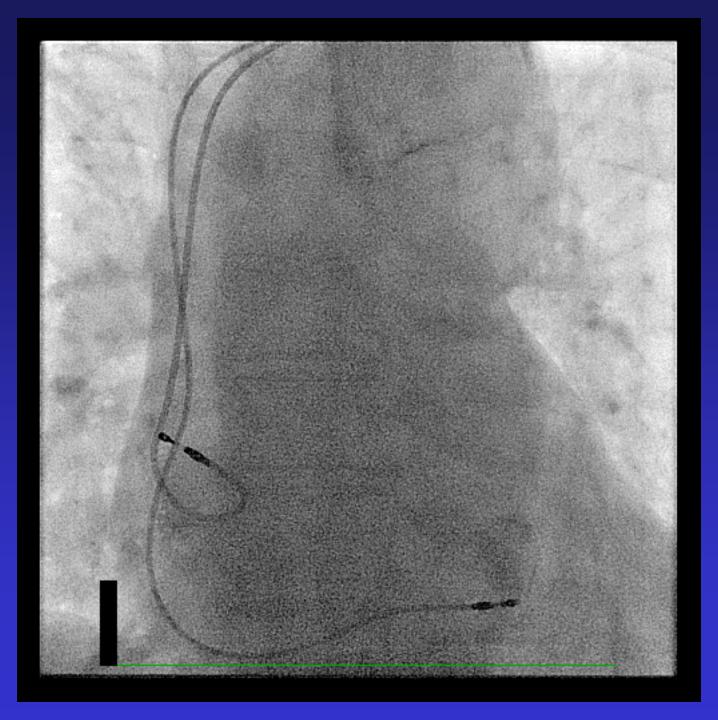
#### **RA Lead Advancement**



#### **RA Lead Placement in RAA**



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### **Ensite-guided Pacemaker Implantation**

				Indications						Complication								
Study (Autho	or, year)	Design	Sample size (zero- fluo- roscopy group)	Female (no. of patients)	Mean age (years)	advanced AVB	SSS	νт	Other	Method	Follow-up time	Lead dislod- gment	Infe- ction	Malfu- nction	Other	Pacemaker type	Fluoroscopy time	Radiation exposure
Jesus,	1992	Pros	20	6 (30%)	71.9 (±2.1)	17	2	0	1	TTE	n/a	1	0	0	0	TP	n/a	n/a
Ruiz-G 2008		Retro	15	9 (60%)	72 (±13)	15	0	0	0	EnSite NavX	3 months	1	0	0	0	Single-chamber PM	n/a	n/a
Pinner	ri, 2013	Retro	53	23 (43%)	77 (±12)	41	9	0	3	TTE	24 h	0	0	4	2	TP	n/a	n/a
Castre Cast 2013	trejón,	Retro	35	6 (17%)	63 (±16)	0	0	35	0	EnSite NavX	7-27 months	0	1	0	2	Single- and dual- chamber ICD		
		n/a	n/a															
Silver, 2	2015	Retro	19	5 (26%)	15(±4)	7	1	10	1	Ensite Velocity	n/a	1	0	0	0	PM, ICD	3.2 min (range 0.1-10.5)	6 mGy (range 1-244)
Ferri, 2	2016	Pros	113	51 (45%)	80	93	5	4	11	TTE	n/a	0	3	10	4	TP	n/a	n/a
Colella	a, 2016	Retro	26	8 (31%)	72 (±11)	0	0	0	26	EnSite Velocity	6 months	1	0	0	1	CRT-D and CRT-P	0 min (range 0-1.5)	n/a
Del Gr 2017		Retro	125	25 (20%)	74	0	0	0	125	EnSite NavX	n/a	4	0	0	1	CRT-D and CRT-P	4.1 min (range 0.3-10.4)	n/a
Silvetti	i, 2018	Pros	11	8 (73%)	11.1 (±4.5)	11	0	0	0	EnSite Velocity	17 months	1	0	0	0	Single and dual chamber PM	n/a	0.3 mGy (range 0.0-1.0)
Guo, 20	018	Retro	6	4 (67%)	50	4	1	0	1	EnSite NavX	6 months	0	0	0	0	Single and dual chamber PM	0	0
Patel, 2	2019	Retro	18	4 (22%)	n/a	0	0	16	2	EnSite Precision	4-6 weeks	0	0	0	0	Single chamber ICD, dual chamber PM	4.5 s	0.03 µGy⋅m²

Qiu J et al. Progress in zero-fluoroscopy implantation of cardiac electronic device. PACE 2020;3:609-17

# 3<sup>rd</sup> Patient

- M/60
- History of COPD, HT and ischaemic cardiomyopathy with heart failure
- Presented syncope, developed pulseless VT in A&E and successfully resuscitated
- Echo: dilated LV, severe impairment in LV systolic function, wall thinning and akinesia over inferior and posterior segments, hypokinesia over lateral wall

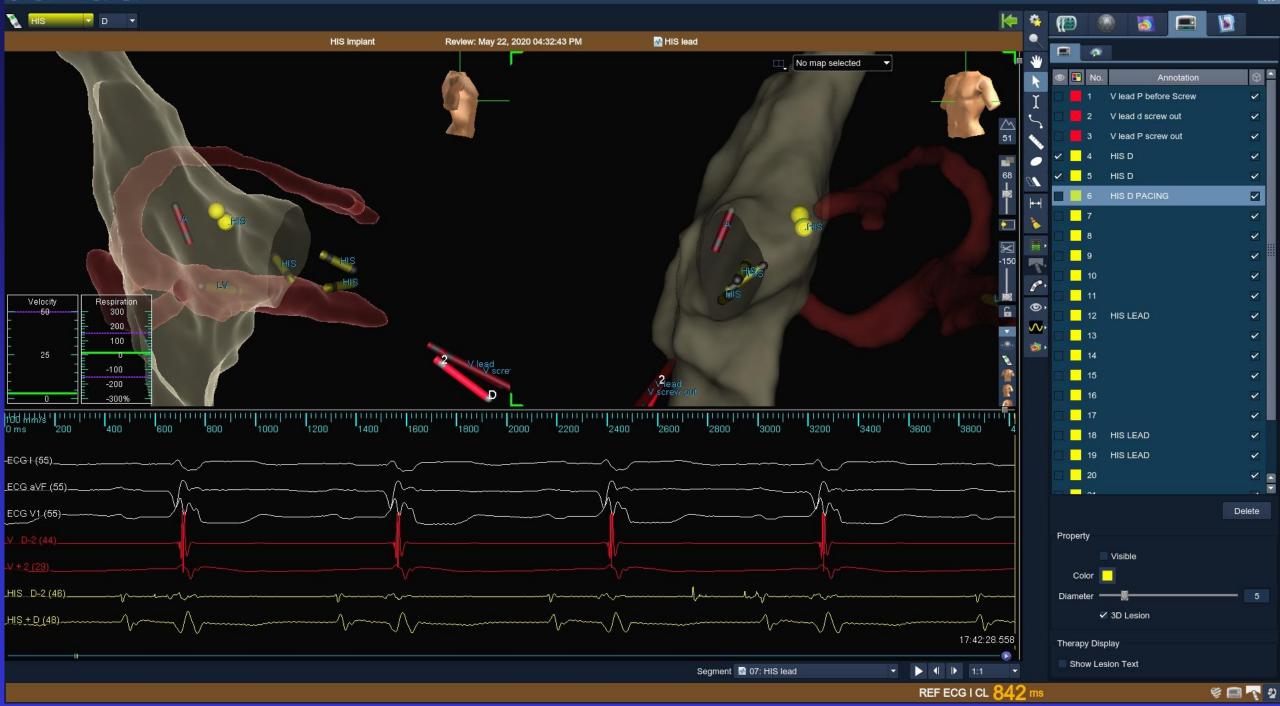
# His Mapping With SelectSecure (3830) Lead

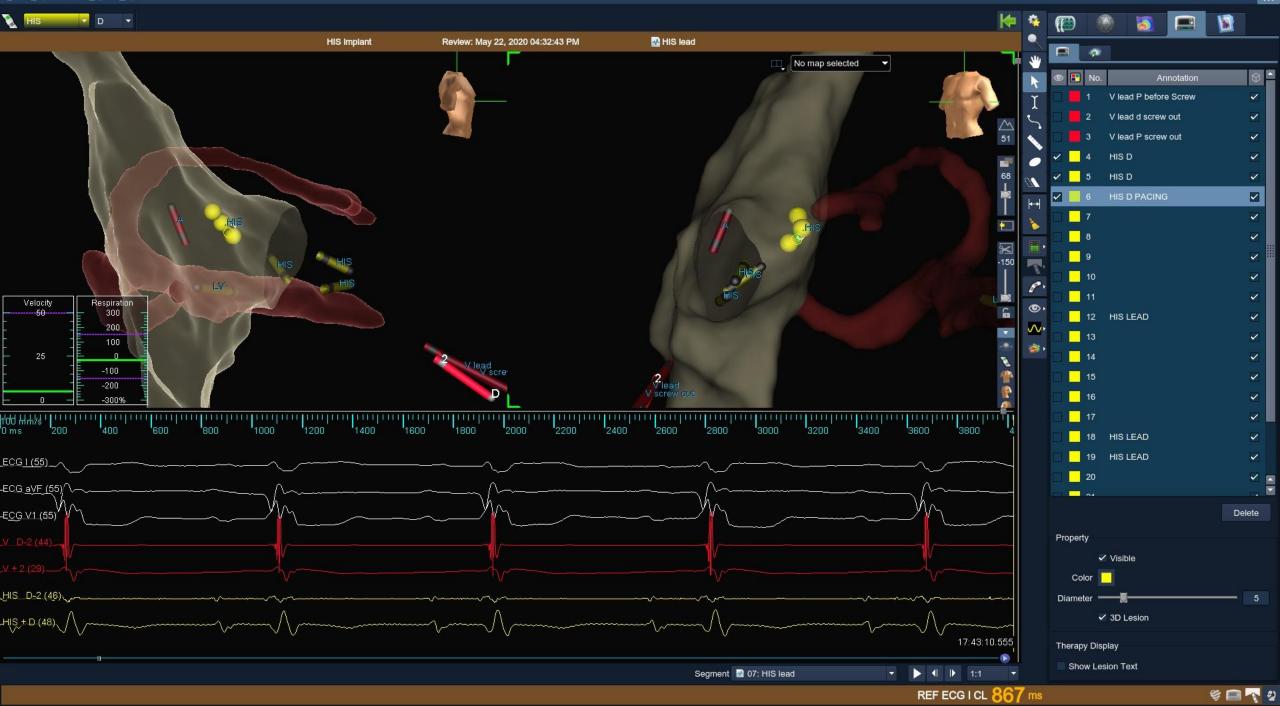




REF ECG I CL 762 ms

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#### **Extensive His Bundle Area Mapping**

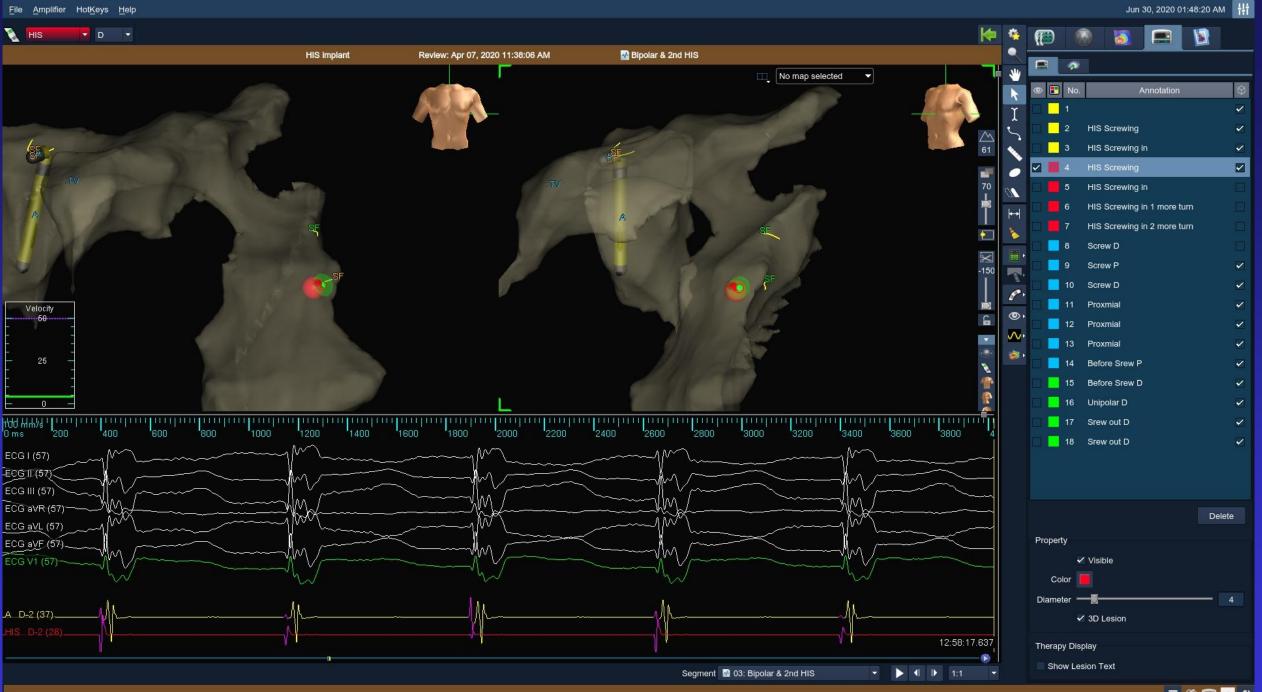


### 4<sup>th</sup> Patient

- M/91
- Known DM, HT, hyperlipidaemia, old bilateral BG infarcts and heart failure
- Presented with decrease in general condition
- ECG showed complete AV block

### LB Area Mapping With SelectSecure (3830) Lead

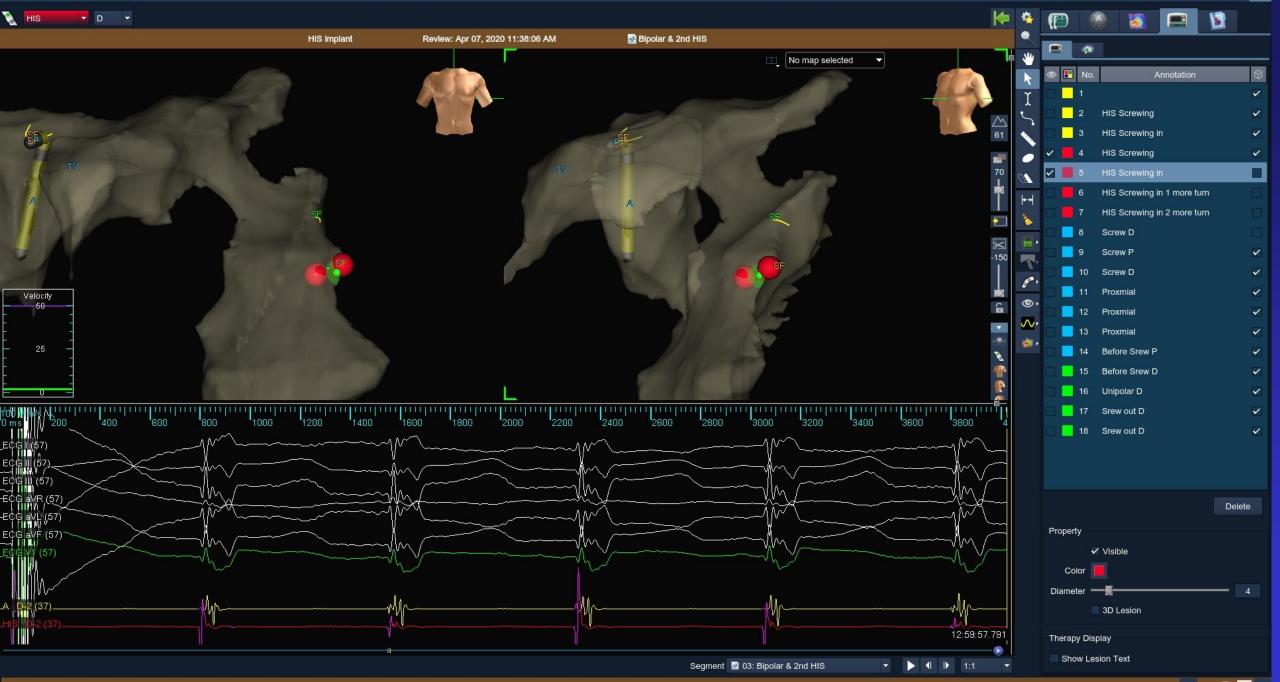




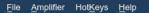
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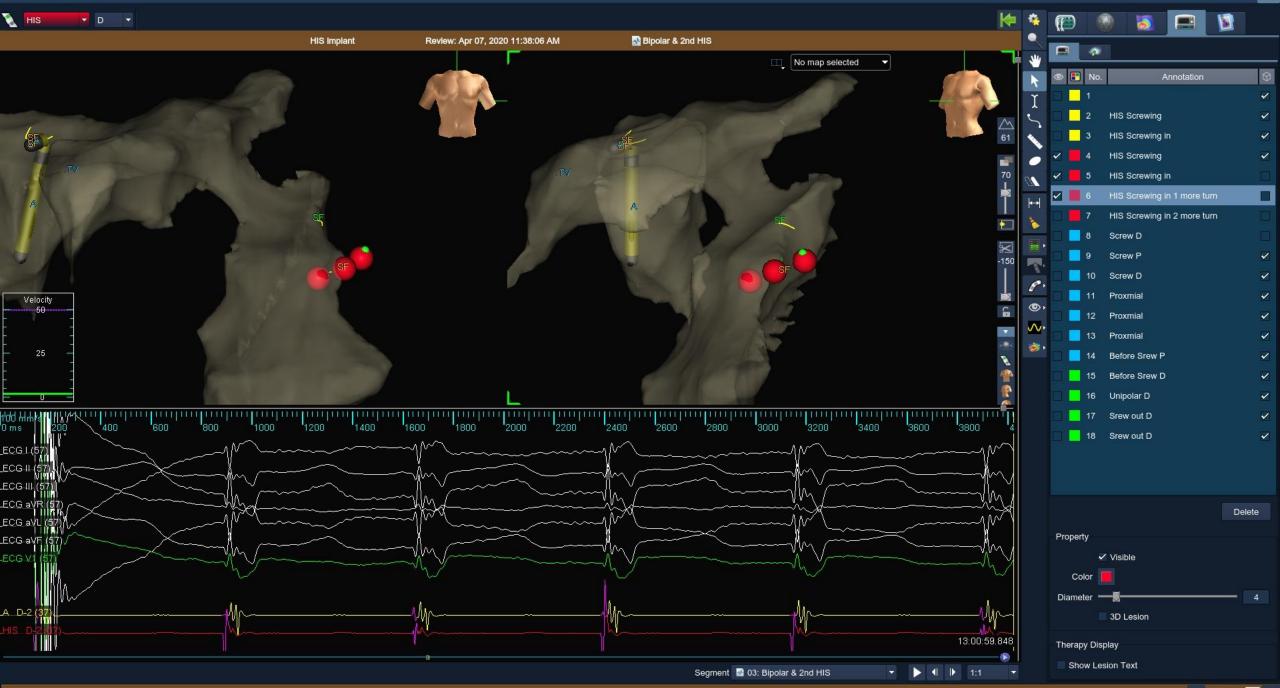
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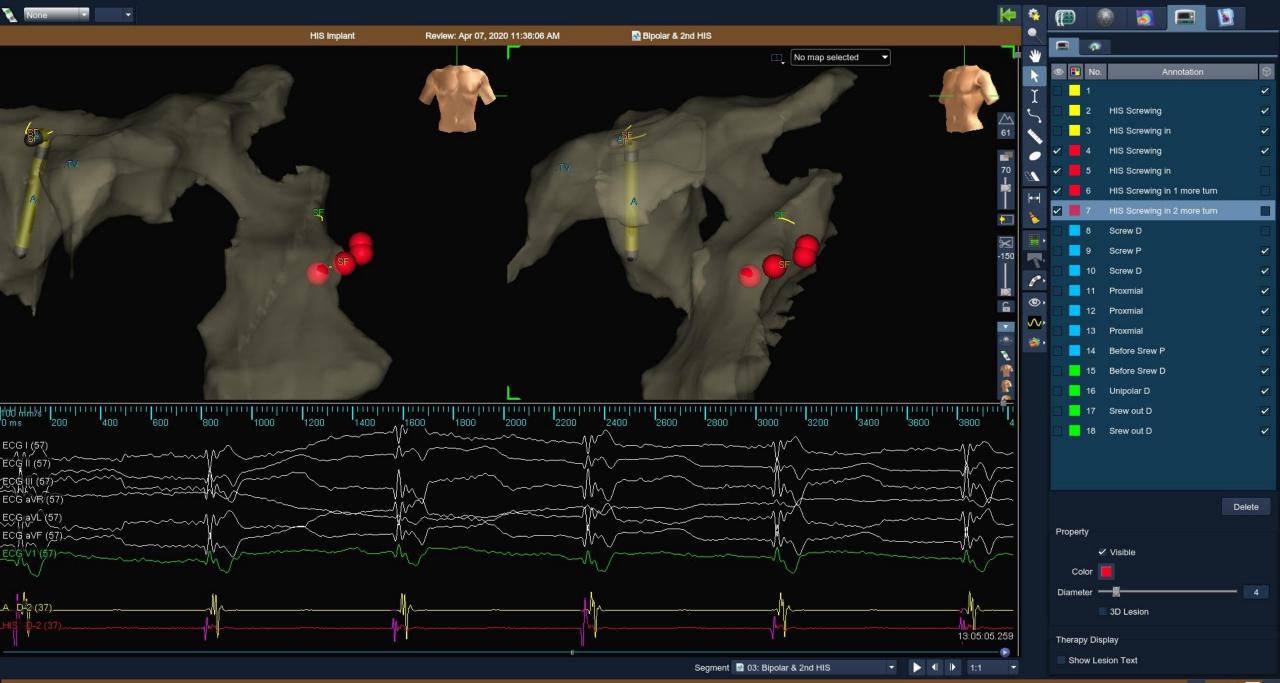
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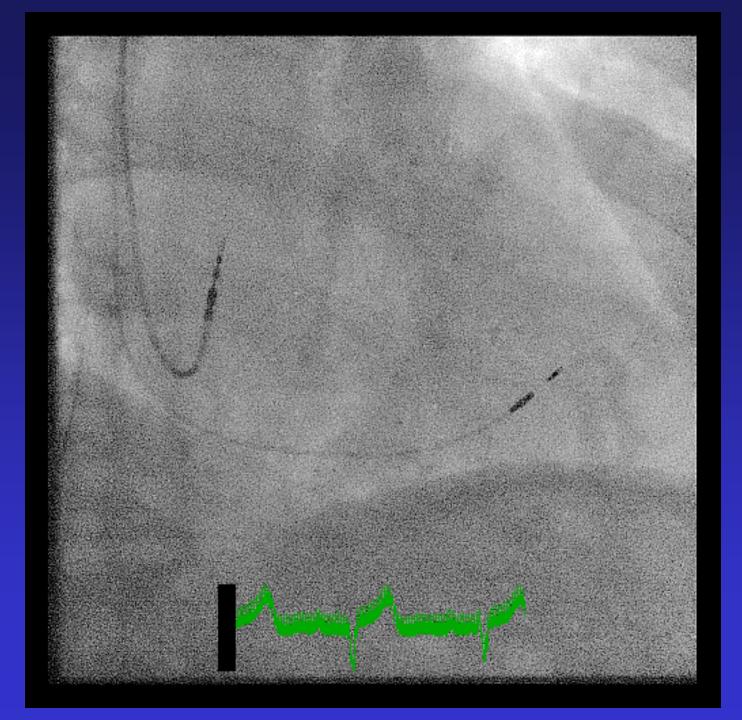
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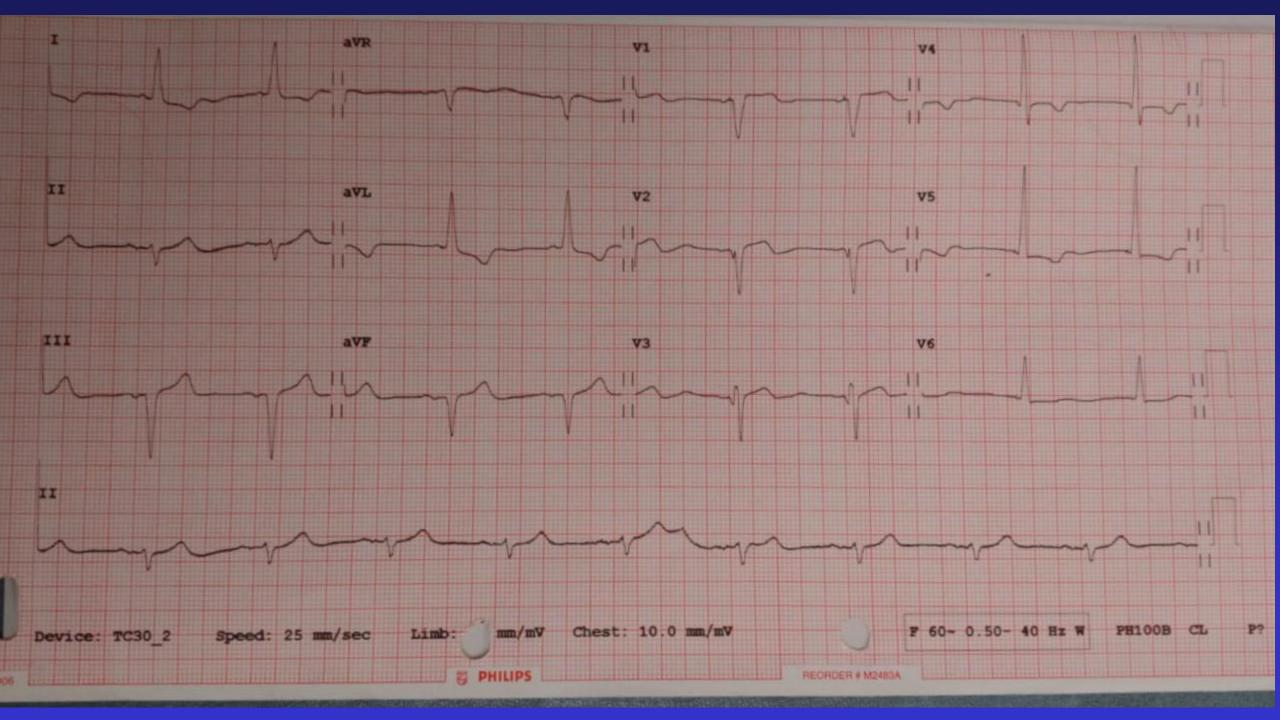


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# Conclusions

- Cardiac procedures contribute over 40% of medical radiation and every effort should be put to limit radiation dose to both patients and operators
- Use of bismuth-containing radiation absorbing drape can significantly reduces the radiation exposure of operators

# Conclusions

- USG-guided axillary vein puncture can eliminate the use of contrast and reduce fluoroscopic exposure for venous access
- 3D electroanatomic mapping system can guide various CIED implantation and reduce radiation exposure
- CRT guided by 3D electroanatomic mapping system may improve response rate