

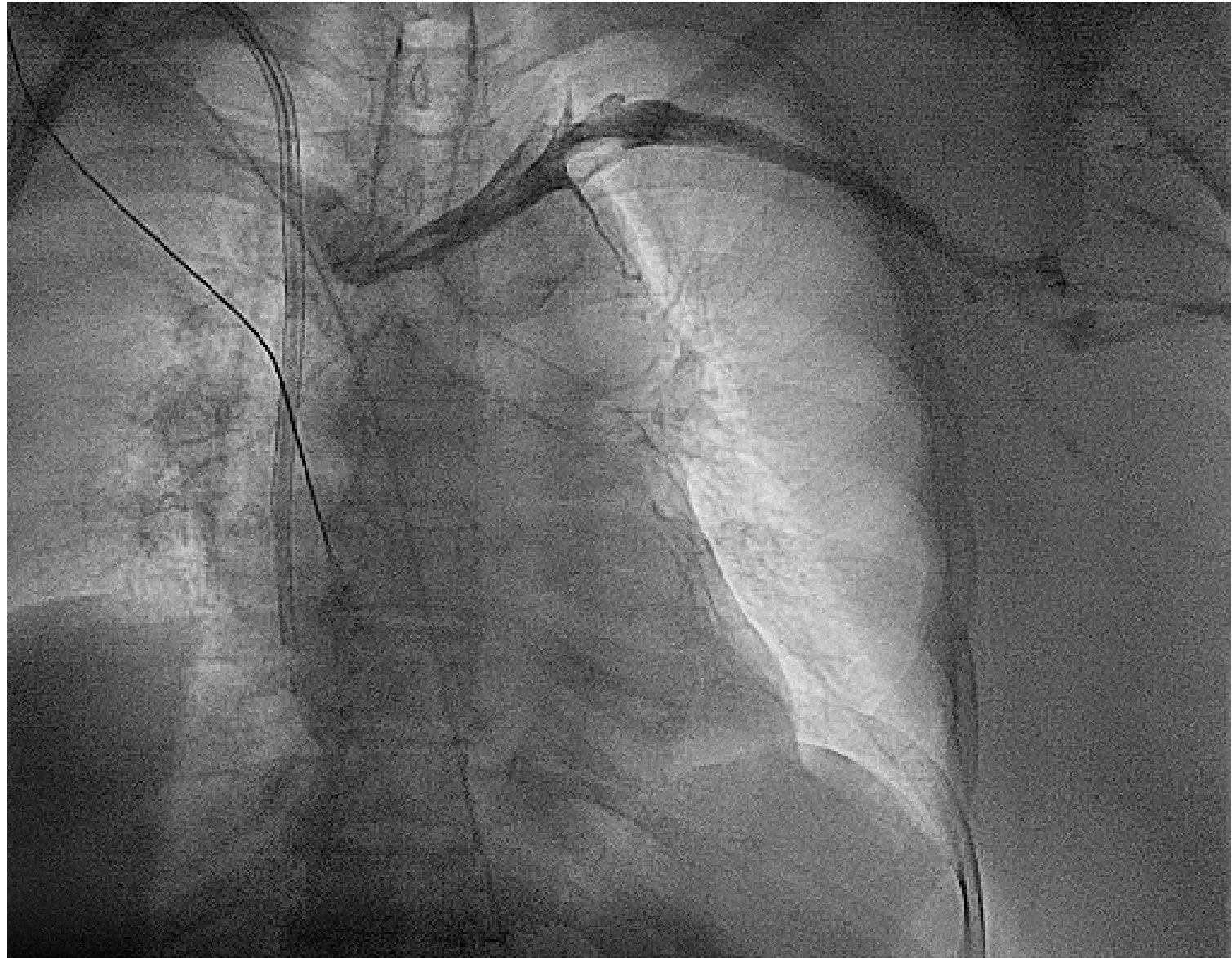
SICD for all Body Types

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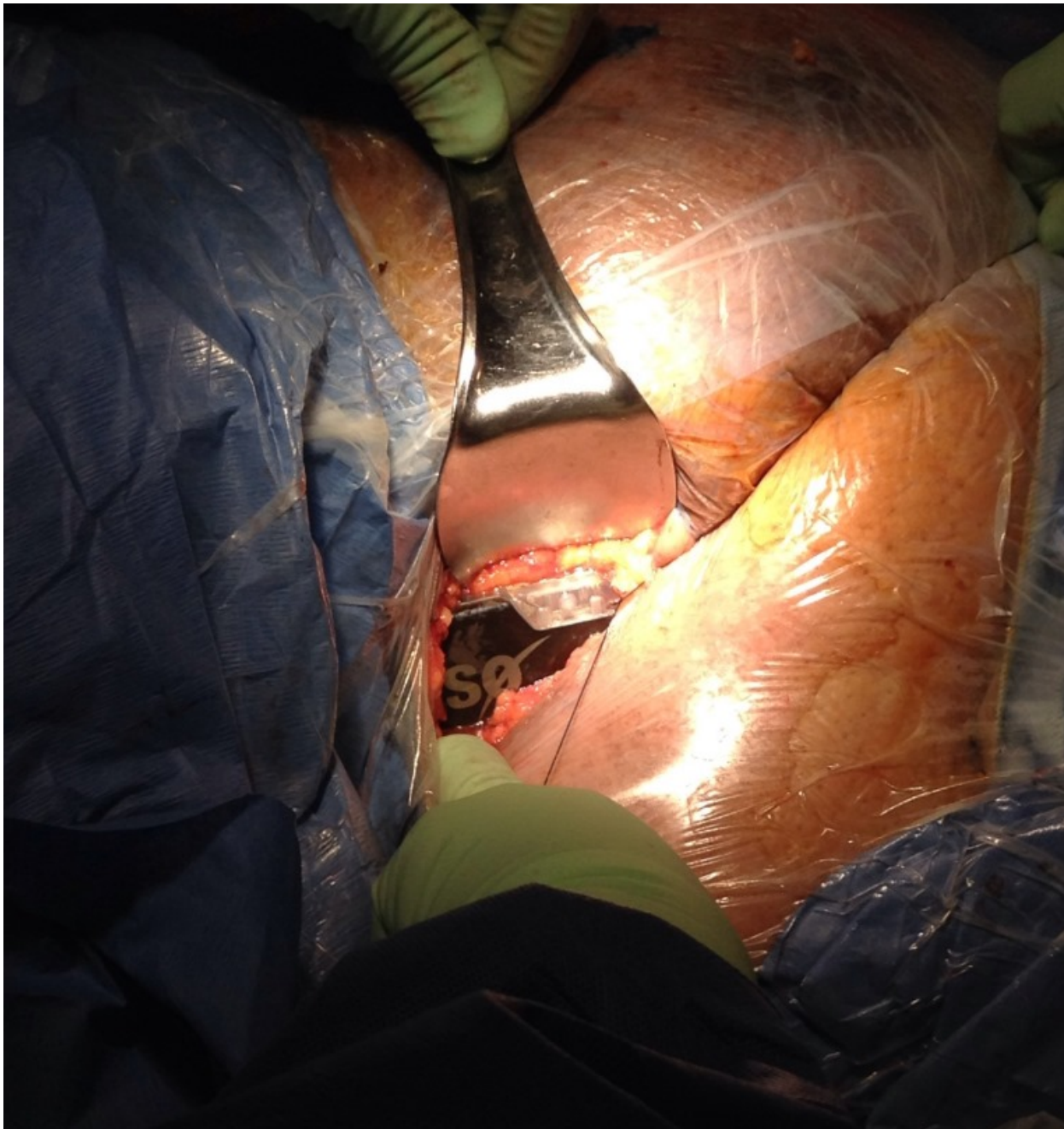
Case HK

- 71 years old female with a VF arrest. 3 DC shocks in the field. ROSC and full neurological recovery. No obvious precipitants.
- Cardiac History: - PAF, no cardiac history, normal MIBI 2011. ECHO at presentation, normal LV function, mild LVH. Contrast dye allergy.
- PMHx: Hemodialysis for renal failure, complicated by:
 - Left antecubital fistula thrombosed and abandoned.
 - Right antecubital fistula thrombosed and abandoned.
 - Left subclavian venous catheter removed for thrombosis.
 - Right subclavian venous line for dialysis currently.

Subclavian venogram







JD Case History

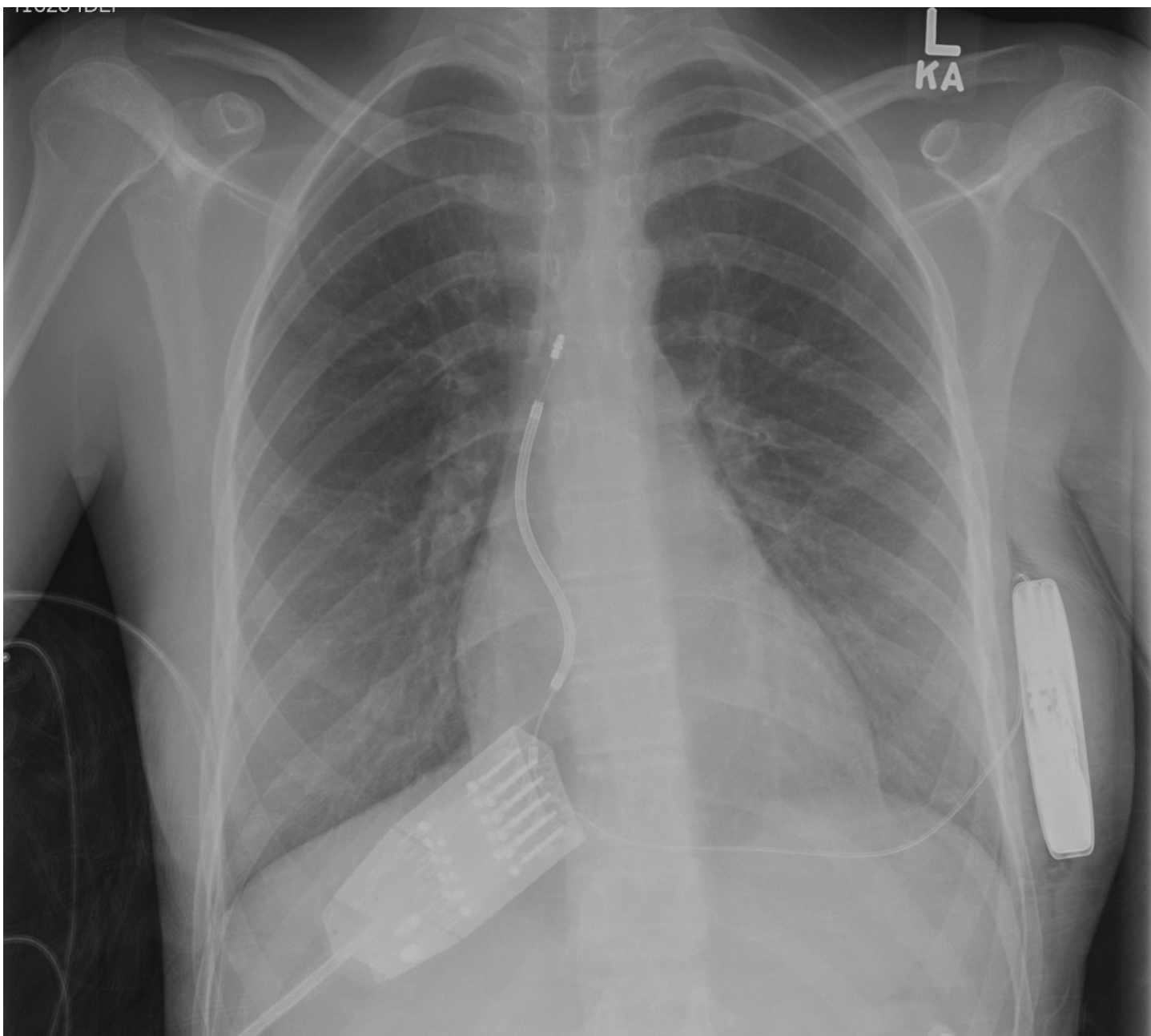
- 18 years old presented with feeling unwell for a few seconds followed by a witnessed cardiac arrest at college.
- Bystander CPR, paramedics treated her for VF with defibrillation.
- She was cooled, no acute ST changes or elevated biomarkers.
- ECHO: EF = 30-40%, LV thrombus.
- Cath: Normal coronaries.

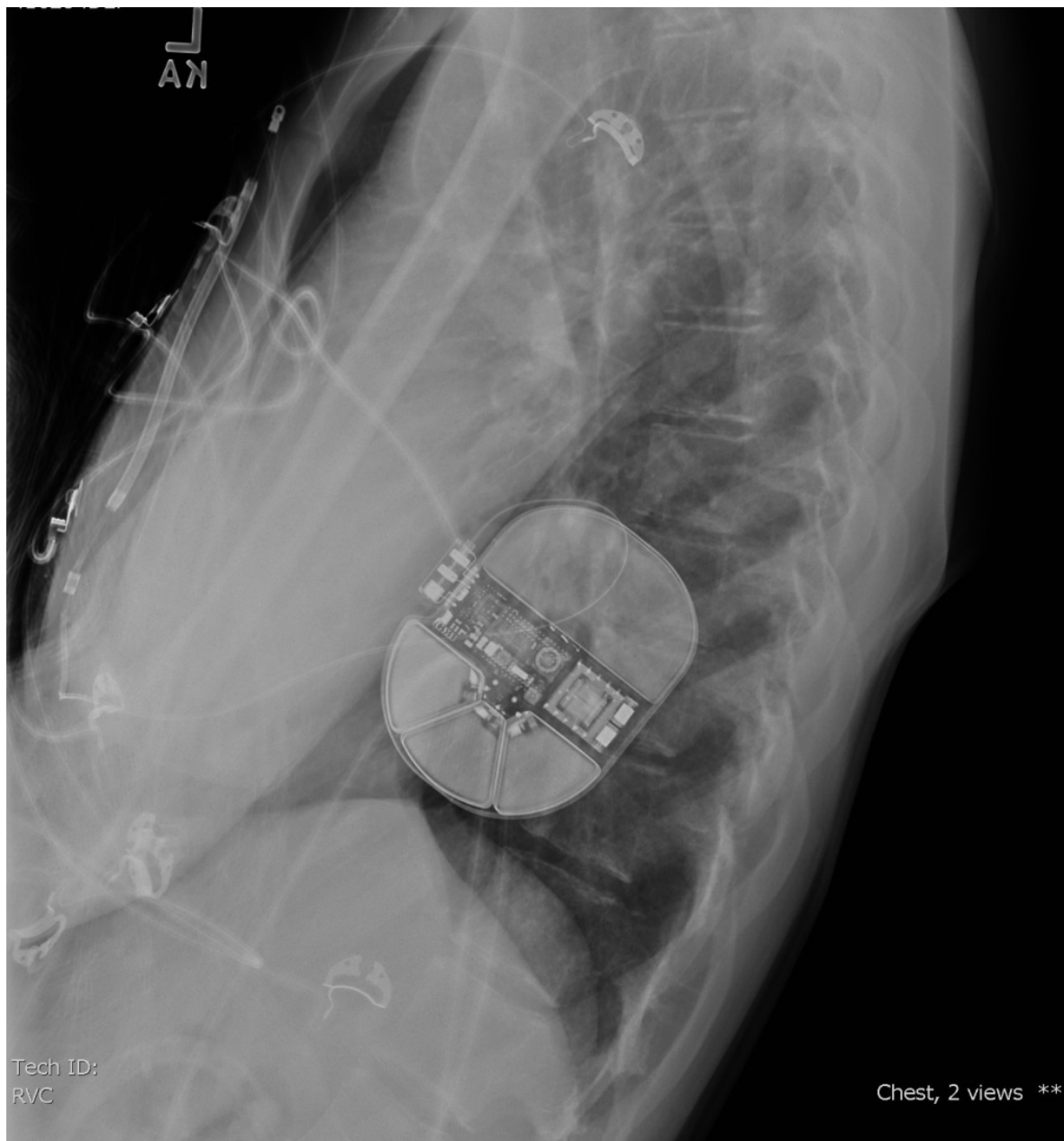
ICD Decision

- MRI: RV, RA normal; LA dilated, LV segmental and global hypokinesis. Basal inferior and mid septum scar. No sarcoid or ARVD findings.
- Father has a history of VT and LV dysfunction and has an ICD Implant.
- ICD implant recommended.
 - Transvenous ICD Vs
 - SICD.

Implant

- Concerns confounding device selection.
 - Age
 - Lack of need for pacing
 - Body image
 - Career selection





1 week Post Implant Pictures

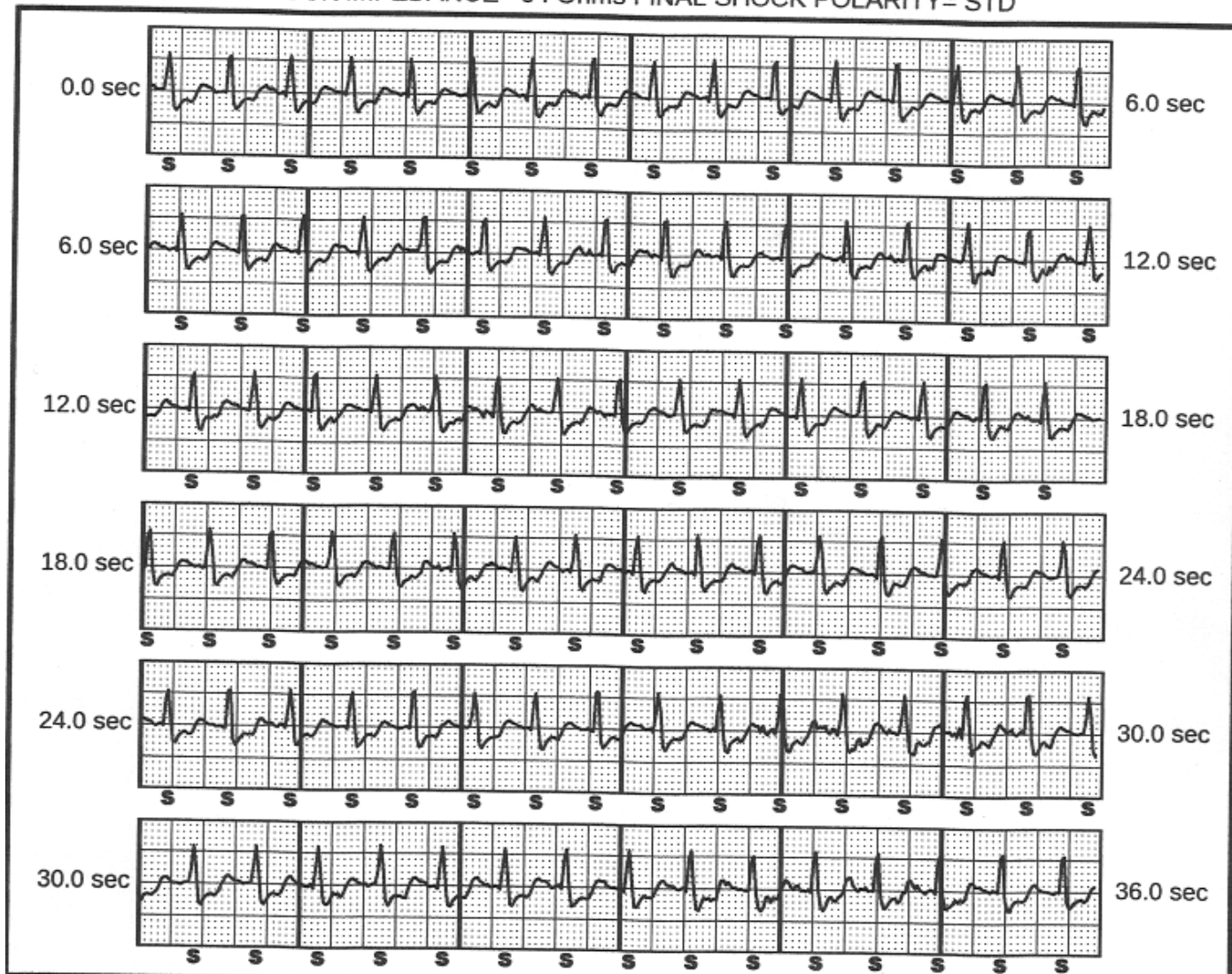




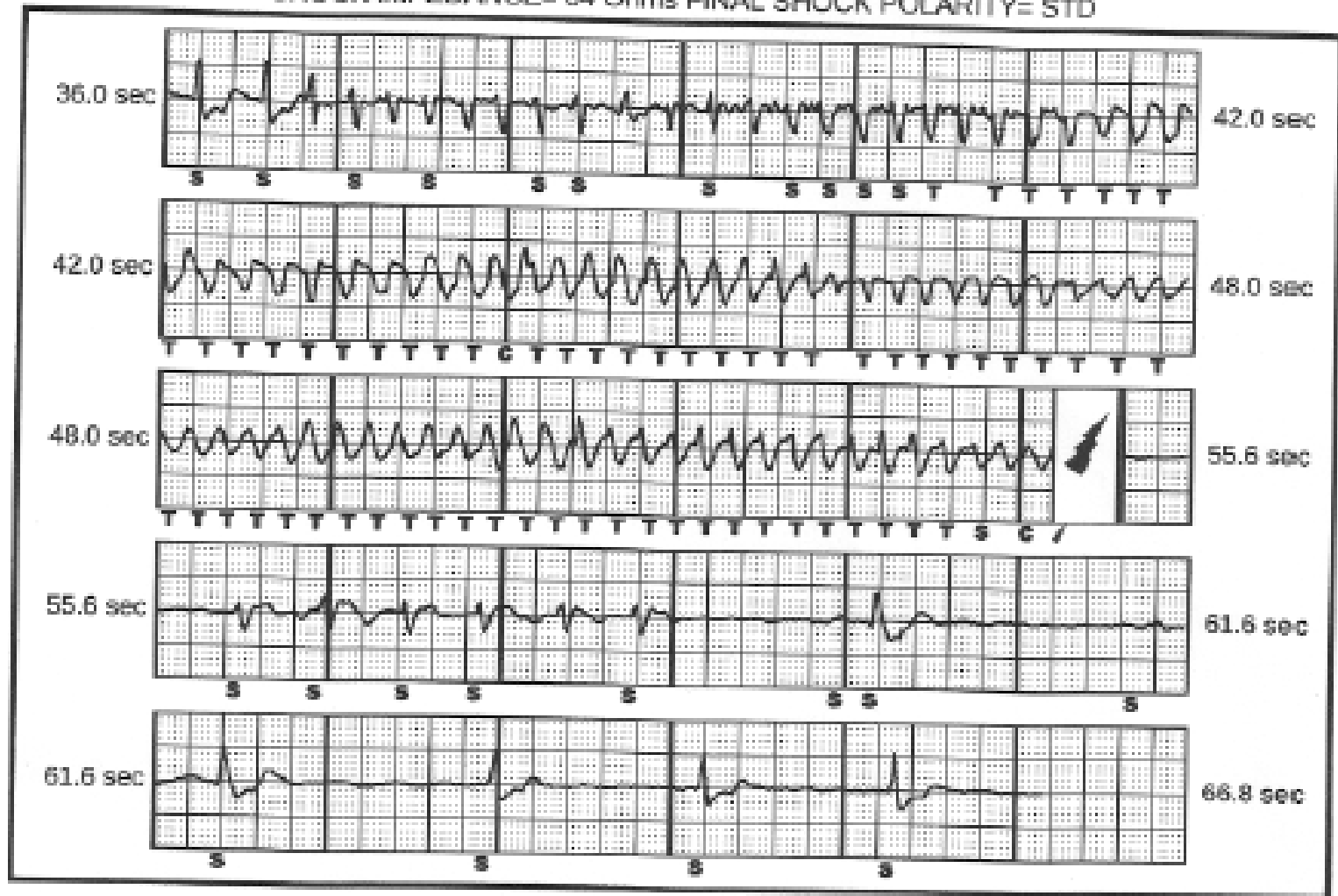
Outcome/Current Pictures



Efficacy of Device



GROUP IMPEDANCE= 64 Ohms FINAL SHOCK POLARITY= STD



Time to Therapy = 16 seconds





