### **FACULTY/PRESENTER DISCLOSURE**

- Faculty: Arnold Pinter
- Relationships with commercial interests:
  - Grants/Research Support: Sorin Canada
  - Speakers Bureau/Honoraria: Medtronic Canada (>10 yrs ago)
  - Consulting Fees: None
  - Other: None

Personal disclosure:

- I have seen device cases that I could not figure out

- I like to have fun (by tricking unsuspecting people)

# ICD Troubleshooting??

(Trouble + Shooting = Troublex2)

Arnold Pintér St. Michael's Hospital

# Objectives

- To review cases of the age old ICD dilemma: SVT or VT?
- To provide insights to troubleshooting
- To show how an ICD can act as a miniature EP lab
- To have an open and interactive discussion
- To have fun

# Case 1

- 76 yo female patient
- Anterior MI 1990
- CABGx4 and aneurysmectomy in 2006
- HTN, DM2, AFib
- LVEF 28% (MUGA)
- VVI ICD implantation for primary prophylaxis
- presents 2 months later with a shock from the ICD

Position 1 Leadless ECG Autogain (5.1 mm/mV) Position 2 V Sense Amp Autogain (2.5 mm/mV)

m Imv	mmMmm	Mmmmm			Am Man A
/=≬~^{\^^_1 1mV	v-www.	-m	$\gamma$	~~n_h_h_h	Prpf
			VF * * *	* * * * * *	* * * * *
1 1 2 F F < x x	I I I - F T2 x x x	I I → F ×	F -	I I F F I	F F F
180 438	207 324	477 195	56 426	332 293 176	168 465
<u>r</u>	<u>1 s</u>	2	S	3 s	4 s

The therapy was: 1. Appropriate and necessary 2. Appropriate but unnecessary

Position 2 V Sense Amp Autogain (2.5 mm/mV)

3. Inappropriate due to SVT 4. Inappropriate due to noise/artefact

#### (Continued) VF 22 Jun 2010 20:46

Position 1 Leadless ECG Autogain (5.1 mm/mV)



# Case 2

- 59 yo female patient
- HTN, DM2, OSA, obesity
- ventricular preexcitation
- sudden onset syncope
- echo: LVEF 50%, septal wall motion abnormality
- MRI: no delayed enhancement
- MIBI: no ischemia

# EP study

- Para-His AP
- AP antegrade ERP 600/300 ms, antegrade block CL 470 ms, no VA conduction, no AVRT
- ventricular PES: 600/230/210 ms repeatedly induced polymorphic VT up to 12 s,
- patient's symptoms preceding the syncope were reproduced by the polymorphic VT
- patient received a VVI ICD, active fixation lead into RV apical septum

# F/U at 6 weeks postop

- 11 episodes
- 8 self-terminated
- 3 episodes received a single shock each
- All episodes looked the same

What is your working diagnosis? 1. Idiopathic VF 2. Torsade 3. VF due to acute ischemia 4. Pause-dependent polymorphic VT 5. Pacing triggered polymorphic VT 6. Preexcited AF



### Case 3 EMS strips: 1. VT or 2. SVT?



### More EMS strips: 1. VT or 2. SVT?



# Upon arrival



# Underlying rhythm



# In medias res: Is it 1. SVT or 2. VT?





# What is on the 2<sup>nd</sup> strip? 1. same VT 2. same SVT 3. The first was VT, this is SVT 4. The first was SVT, this is VT



### Wait, there is more! Beginning of the event



Sweep Speed: 25 mm/s

### Why did the device start therapy?

### **1**. SVT timeout **2**. Morphology no match **3**. No discriminator

4. Not a fair question (show me the programming first)





### Post ATP: Did tachycardia terminate?



# First shock

#### 27 Jan 2015 0:35



### Back to where we started: 1. SVT or 2. VT?





Therapy Summary		Results of ATP Delivery	
ATP Delivered Shocks Delivered Max Energy Shocks Last HV Lead Impedance	0 43 0 30 0 6 VT-1 Zone is Monitor Only 74 Ω	VT-1VT-2VFEpisodes Terminated0019Episodes Not Terminated0024Accelerations000	
Total Aborted Shocks	24		
Episode Tree Total VT/VF Episodes SVT Episodes Non-sustained Episodes VT-1 (Monitor)	88 14 31 <b>VT-2</b>	VF	
12 - SVT 12 - VT-1 0	2 函 - SVT 2 函 - NSVT 0 - VT-2 0	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	

#### VT/VF Episodes

Date / Time	Туре	Rate	Duration	Therapy Delivered
		(min-1)	(M:S)	
27 Jan 2015 1:08	VF	235	01:03	ATP, 36J
27 Jan 2015 1:07	VF	244	01:25	ATP
27 Jan 2015 1:05	VF	222	00:27	ATP
27 Jan 2015 1:05	VF	222	00:35	ATP
27 Jan 2015 1:04	SVT	190	00:25	
27 Jan 2015 1:04	VF	240	00:49	ATP
27 Jan 2015 1:03	Non-sustained		00:14	
27 Jan 2015 1:02	Non-sustained		00:38	
27 Jan 2015 1:02	VF	230	00:33	ATP
27 Jan 2015 1:01	Non-sustained		00:18	
27 Jan 2015 1:01	Non-sustained		00:24	
27 Jan 2015 1:00	VF	226	01:31	ATP, 36J
27 Jan 2015 0:59	VF	222	00:23	ATP
27 Jan 2015 0:58	VF	222	00:30	ATP
27 Jan 2015 0:58	VF	230	00:19	ATP
27 Jan 2015 0:58	VF	222	00:33	ATP
27 Jan 2015 0:57	VF	222	00:33	ATP. 36J
27 Jan 2015 0:56	VE	222	00.43	ATP
27 Jan 2015 0:56	VE	222	00:30	ATP 36.
27 Jan 2015 0:55	VE	222	00.39	ATP 36.1
27 Jan 2015 0:54	VE	222	00:35	ΔΤΡ
27 Jan 2015 0:54	VE	220	00:30	
27 Jan 2015 0:54		200	00:01	
27 Jan 2015 0:53		222	00.20	ATD 361
27 Jan 2015 0:55		222	01.00	ATP 361
27 Jan 2015 0.52		222	00.21	ATE, SOJ
27 Jan 2015 0.51		222	00:41	ATD 261
27 Jan 2015 0.50	VF Non custoined	200	00.23	ATF, 303
27 Jan 2015 0.50	Non-sustained	222	00.22	ATD
27 Jan 2015 0:49		222	00:31	
27 Jan 2015 0:49		222	00:29	AIP
27 Jan 2015 0:48	Non-sustained	000	00:14	
27 Jan 2015 0:48	VE	222	00:39	ATP, 30J
27 Jan 2015 0:48	VE	250	00:39	
27 Jan 2015 0:47	VE	222	00:32	ATP, 36J
27 Jan 2015 0:46	VE	230	00:32	
27 Jan 2015 0:46	VF	222	00:41	ATP, 36J
27 Jan 2015 0:45	VE	222	00:29	ATP, 36J
27 Jan 2015 0:45	VE	222	00:19	AIP
27 Jan 2015 0:44	VF	222	00:31	ATP
27 Jan 2015 0:43	VF	222	00:39	ATP, 36J
27 Jan 2015 0:43	VF	222	00:34	ATP, 36J
27 Jan 2015 0:42	VF	222	00:39	ATP, 36J
27 Jan 2015 0:41	VF	250	00:36	ATP, 36J
27 Jan 2015 0:41	VF	222	00:27	ATP, 36J
27 Jan 2015 0:40	VF	230	00:21	ATP, 36J
27 Jan 2015 0:39	VF	222	01:35	ATP, 36J, 40J
27 Jan 2015 0:37	VF	222	01:41	ATP, 36J, 40J, 40J X 3
27 Jan 2015 0:36	VF	222	00:35	ATP, 36J
27 Jan 2015 0:36	VF	235	00:39	ATP, 36J
27 Jan 2015 0:35	VF	240	04:23	ATP, 36J, 40J

### Electrifying night (30 shocks in 30 min)

### A serendipitous end to misery

#### 27 Jan 2015 1:08



# Tachycardia parameters

Parameters					
Mode	DDD	Zone Configuration	VT-1	VT-2	VF
Base Rate	40 min-1	Detection Criteria	150 min-1	181 min-1	222 min-1
Max Track Rate	130 min-1	Therapy <b>(ENABLED)</b>	Monitor	ATP x3	ATP x1
Paced AV Delay	160 ms			36.0 J	36.0 J
Sensed AV Delay	110 ms			40.0 J	40.0 J
Ventricular Pacing	Simul.			40.0 J x2	40.0 J x4

#### 27 Jan 2015 0:35

Duration Detection Criteria 04:23 (M:S) 222 min-1 Alerts

At least one shock unsuccessful Duration over 1 minute Three or more VT/VF episodes in 24 hours

 Therapy	Results	HV Therapy	
1) ATP x 1	1) VF	Last HV Lead Impedance	78 Ω
2) Defib 36.0 J (844V)	2) VF	First Charge Time	9.3 sec
3) Defib 40.0 J (890V)	3) Below Rate Detection (CL 465 ms)	Last Charge Time Delivered PW	11.6 sec +8.5 ms, -8.5 ms

#### **ATP Therapy Details**

VF ATP Therapy

#### Therapy

#### **Diagnosis Summary**

Diagnosis Sammary					
	Initial Diagnosis		Diagnosis		
	SVT		VF		
Time to Diagnosis			231.00 sec		
Rate (CL)	190 min-1 (31	l5 ms)	240 min-1 (250 ms)		
Zone	VT-2 All AF/AFL (V < A) Rate Branch				
VT Diagnosis Criteria					
Rate Branch Classification					
Morphology	On, ≥ 90% is	a match, ≥ 3 matches in	dicate SVT		
Min Match Score	91%				
Max Non-Match Score	89%				
No. Template Matches	4 of 10	(SVT Indicated)			
Interval Stability	On w/AVA, ≥	: 40 ms or AVA < 60 ms ii	ndicates SVT		
Stability Delta	75 ms	(SVT Indicated)			

# **Bradycardia diagnostics**

# **Diagnostics Summary**

Events	Since 10 Feb 2014	Lifetime		
AP	<1%	<1%		
RVP	n/a	0%		
BP	95%	95%		
VSt	n/a	0%		
Includes time in AMS				

Events	Since 10 Feb 2014
AS-VP	95%
AS-VS	4.7%
AP-VP	<1%
AP-VS	0%
PVC	<1%, 66K counts
Excludes time in AMS	

How to fix the problem? I. The programming

- 1. Increase VF detection zone
- 2. Extend VF detection duration
- 3. Extend SVT timeout
- 4. Some combination of the above

# How to fix the problem? II. The arrhythmia

- 1. Rate controlling medication
- 2. Rhythm controlling medication
- 3. PV ablation
- 4. AVJ ablation

# Upon arrival SAV 160 ms, LV 0 ms



# Intrinsic QRS



# ECG-based optimization SAV 100 ms, LV +40





