**SAFETY AND EFFICACY OF TRANSVENOUS EXTRACTION OF PACEMAKER AND CARDIOVERTER-DEFIBRILLATOR LEADS**

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*Background.* Increasing implantable cardiac device use has led to a proportional increase in lead related complications. Transvenous lead extraction (TLE) is commonly used to remove unwanted hardware. We present safety and efficacy of TLE at a single center. *Methods/Results*. Total of 78 patients (69% men; age 67±14.5 years, BMI 30.1±6.7 kg/m2) underwent TLE of pacemaker (31%) or defibrillator (69%) leads from 12-2012 to 6-2015. Leads were located in right ventricle (RV 65%), right atrium (RA 26%) and left ventricle (LV 9%) and were in situ for 2306±1543, 1634±1674, and 1692±1069 days, respectively. Indications for TLE included infection (40%), lead failure (38%), manufacturer recall (17%) and patient discomfort (5%). Patients with infected systems [38% methicillin-sensitive staphylococcus aureus] were commonly male (68%), diabetic (51%) and had chronic kidney disease (74%). TLE success rate was 97.4%. Manual traction was more often successful in RA and RV active fixation leads. Adhesion and scarring of superior vena cava (SVC) coil or SVC/RA junction were most common triggers for laser use (21%). Minor and major complications occurred in 6 and 3 patients respectively. The latter included an RA tear requiring surgical repair, a large pocket hematoma requiring evacuation and one case of jugular vein thrombosis. One patient needed snaring to recover an RV lead tip. Only 2 patients had to have their leads removed surgically including the case with RA tear.

*Conclusions*. TLE for infection is more likely in men with diabetes and CKD. Success rate was high (97%) and independent of TLE indication, patient age, or chronicity of the lead. Procedure time was unrelated to the chronicity of the implanted leads or the nature of fixation (active/passive) in all subsets.