**HIS BUNDLE PACING**

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Right ventricular apical pacing is associated with an increased incidence of heart failure, atrial fibrillation, and overall mortality. As a result, pacing the ventricles in a manner that closely mimics normal AV conduction with an intact His–Purkinje system has been explored. Recently, the sustainable benefits of selective His-bundle stimulation have been demonstrated and proposed as the preferred method of ventricular stimulation for appropriate patients. Ideally, conduction system pacing should be selective without myocardial capture, overcome distal bundle branch block when present, and not compromise tricuspid valve function. Contemporary literature on conduction system pacing is confusing largely because of inconsistent terminology and, at times, anatomically inaccurate terms used interchangeably for nonsynonymous anatomic sites. In this presentation, I will the functional anatomy of AV conduction access with specific emphasis on terminology, relationship to the membranous septum, tricuspid valve tissue, and proximity to atrial or ventricular myocardium. The potential benefits of each specific site as well as associated unique difficulties with those sites are described. I will also review the technique and the recent data on the benefits of His bundle pacing.