



The **13th** International Dead Sea Symposium (IDSS)
on Innovations in Cardiac Arrhythmias and Device Therapy
March 6-9, 2016 | David Intercontinental Convention Center, Tel Aviv

Cardiac Arrhythmias 2016

**Joint Symposium SOLALECE and the Israeli
WG on Pacing and Electrophysiology**

**Short and Long Term Follow Up
Results Using The Jurdham Procedure**

The Jurdham Procedure

Short Term Follow up

50 pts underwent The Jurdham Procedure for endocardial LV lead implantation for CRT by 5 implanting groups in 4 countries: Argentina, Mexico, Colombia and Bolivia.

The Jurdham Procedure

Short Term Follow up

Indications

Patients with accepted indications for CRT

Willing and able to take optimal vitamin K antagonist therapy (INR 2-3) or NOACs



The Jurdham Procedure

Short Term Follow up

Indications

Unsuitable CS anatomy

Failed previous CRT implant

Non responders

Phrenic nerve stimulation

Lead dislodgment, high thresholds



The Jurdham Procedure

Short Term Follow up

Indications

As of January 2014 we offered The Jurdham Procedure as a first option for initial implant to patients previously anticoagulated (A Fib, dilated cardiomyopathy)



The Jurdham Procedure

Short Term Follow up

Demography

Age: 63.5 ± 9.42 y.o

Males: 37

LV EF: 23.64 ± 5.8%

LBBB QRS: 172.63 ± 26.29 ms

NYHA FC 2.98 ± 0.58

Etiology:

Idiopathic: 51.8%

Ischemic/necrotic: 41.6%

Chagas disease: 3.3%

Non compacted cardiomyopathy: 3.3%

The Jurdham Procedure

Short Term Follow up

Leads:

Active fixation Silicone, 85 cm long

Medtronic CapSufre Fix Novus 5076

St. Jude Medical Tendril 1688T

The Jurdham Procedure

Short Term Follow up

Results:

Implant

Successful: 100%

Lead position

Lateral/posterolateral: 100%



The Jurdham Procedure

Short Term Follow up

Results:

Thresholds:

Acute: $0.61 \pm 0.23V$

OAC:

VKA: 36

NOACs: 14

The Jurdham Procedure

Short Term Follow up

Results:

Upgrades: 9 ptes

Right sided implants: 6

Left sided vascular problems: 2

Right sided upgrades: 4



The Jurdham Procedure

Short Term Follow up

Results:

Thresholds

Acute: $0.61 \pm 0.23V$

1 m FU: $0.70 \pm 0.27V$

NYHA FC:

Basal: 2.98 ± 0.58

1 m FU: 1.29 ± 0.46

The Jurdham Procedure

Short Term Follow up

Results:

No significant surgical or clinical complications

No reoperations

No lead dislodgments

No TIA/-strokes

No PNS

No deaths

The Jurdham Procedure

Long Term Follow up

19/50 pts reached 18 months FU (18 – 72 m)

The Jurdham Procedure

Long Term Follow up

Demography

Age: 62.37 ± 9.27 y.o

Males: 15

LV EF: 21.84 ± 5.10%

LBBB QRS: 174.69 ± 26.29 ms

NYHA FC 2.98 ± 0.58

Etiology:

Idiopathic: 56.3%

Ischemic/necrotic: 35.5%

Chagas disease: 5.3%

Non compacted cardiomyopathy: 5.3%



Results: *The Jurdham Procedure*

Long Term Follow up

Thresholds

Acute: $0.64 \pm 0.2V$

18 m FU: $0.62 \pm 0.24V$

NYHA FC:

Basal: 2.95 ± 0.52

18 m FU: 1.36 ± 0.50

LVEF:

Basal: $21.84 \pm 5.10\%$

18 m FU: $33.00 \pm 7.44\%$

The Jurdham Procedure

Long Term Follow up

Results:

No significant surgical or clinical complications

No reoperations

No TIA/-strokes

No lead dislodgments

No PNS

The Jurdham Procedure

Conclusions

In our experience, endocardial CRT using The Jurdham Procedure, was effective and safe, with satisfactory clinical results at short and long term FU in patients adequately anticoagulated patients.

The Jurdham Procedure

Conclusions

If multicenter international studies confirm these results, endocardial CRT might become a widespread procedure

