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EXPERIENCE IN THE APPLICATION OF ACTIVE FIXATION SPIRAL LEADS IN 48 PATIENTS WITH RIGHT VENTRICULAR OUTFLOW TRACT SEPTUM PACING

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Objective To introduce experience in the application of active fixation spiral leads in right ventricular outflow tract (RVOT) septum pacing.

Method Ninety eight patients needed to be implanted with pacemaker were divided into two groups randomly. Forty eight patients underwent the RVOT septum pacing with active fixation spiral leads (active lead group), 50 patients underwent the right apical pacing with passive fixation leads (passive lead group). Recorded the parameter of two groups in and after operation and compared accordingly.

Results Operations in two groups were accomplished successfully and there were no serious complications. Active lead group took more X-ray exposure time to plant leads (11.8 ± 6.35 min vs 8.5 ± 4.20 min, $p<0.05$). After implantation of active lead, it soon reached satisfying pacing thresholds, higher than passive lead (0.78 ± 0.25 vs 0.61 ± 0.19 V, $p<0.05$). The width of QRS complexes in active lead group was narrower than that in passive lead group (0.132 ± 0.031 vs 0.165 ± 0.070 s, $p<0.05$). BUT group

Conclusion The usage of active fixation spiral leads in patients in right ventricular outflow tract septum pacing is feasible and safe. The practiced planting method is the key to operation.