082

DAY CASE PACEMAKER IMPLANTATION FEASIBLE ACCEPTABLE AND SAFE

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Aims The 2007 ESC Taskforce for Cardiac Pacing advises 'in well-selected cases, modern technology permits an early discharge policy, where the paced patient leaves hospital after a few hours.' The pacing clinic at our institution was established in 2008, with a view to establishing a robust ambulatory elective pacing service. This study aimed to assess the feasibility, acceptability and safety of day-case pacemaker implantation from a single centre in its fifth year of operation.

Methods The ambulatory pacing service was established in February 2009 and 100 consecutive day-case patients were asked to complete a questionnaire to report on the acceptability of the

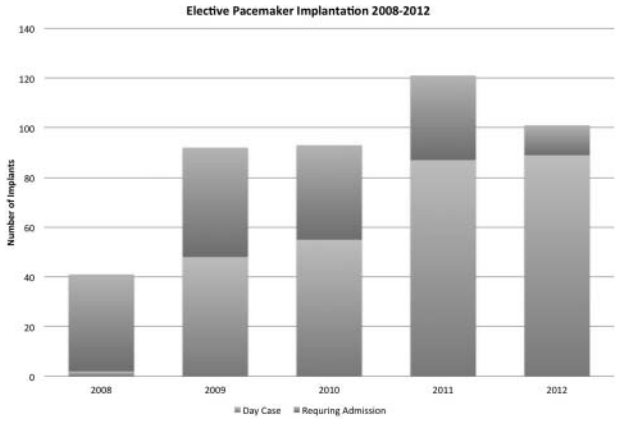

Figure 1

Table 1

Year	2008	2009	2010	2011	2012	Total
Elective (n)	41	92	93	121	101	448
Day case (n)	2	48	55	87	89	281
Day case (%)	4.9%	52.2%	59.1%	71.9%	88.1%	62.7%

*2012 Data included procedures up to the end of November 2012 only.

programme. Subsequently, 5 years into the service, review of prospectively collected data was undertaken to assess the safety and efficacy of the day-case programme.

Results Between September 2009 and August 2011, 101 (38.5% of 262 pacemakers in total) underwent planned day-case procedure (median age 75, range 20–91; 72% male). One patient required overnight stay for pneumothorax during the procedure. Of the remaining patients, all were discharged on the same day, with 95% satisfied with same-day discharge. Hospital transport was required by 5%. At 6-week review, 100% reported satisfaction with day-case discharge, though 5% noted they would have preferred to stay in hospital to prevent burdening relatives. 100% reported receipt of satisfactory pre-discharge information and 98% had adequate analgesia. There were no adverse findings at the 6-week pacemaker review that would have been avoided by overnight stay at implantation. Since inception in 2008, 448 pacemakers have been implanted electively, of which 291 (65.0%) were planned elective day cases and a further 157 (35.0%) were planned overnight attendances by patient or physician preference. Of the planned day cases, 281 (96.6%) were successfully discharged on the day of procedure. Of the 10 patients that required overnight stay, 6 patients had pneumothoraces (3 required drainage), 1 had atrial lead displacement, 1 developed atrial arrhythmia and 2 had unrelated medical illnesses.

Since the development of the ambulatory service, the proportion of day case procedures has been increasing year-on-year (figure 1) and in the current year, 88% have been discharged on the same day (table 1).

Conclusions This 5 year single centre experience successfully illustrates the safety, efficacy and acceptability of a day case elective pacemaker service. We would suggest that overnight admission after elective pacemaker insertion should be the exception and the majority should be treated via an ambulatory care pathway, with a provision being made for 3% of planned elective day-cases to be admitted for complications. Future work should focus on the financial benefit of these advances.