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the coronary sinus; 17 What to do in the absence of a lateral branch on the venogram; 18 How to manage high left ventricular pacing thresholds

19 How to proceed in the presence of a complex coronary sinus anatomy 20 How to manage diminutive target coronary sinus tributaries; 21 What to do when valves are in the way; 22 How to implant a CRT system in the presence of a left superior vena cava; 23 Dilatation of the target cardiac vein by angioplasty techniques; 24 Stenting for recurrent dislodgment of the left ventricular lead; 25 Assessment of the electrical signal sensed by the left ventricular lead; 26 How to avoid stimulating the left phrenic nerve; 27 Dye extravasation and venous perforation or dissection 28 How to avoid a cardiac vein dissection by the balloon catheter 29 How to remove the guiding sheath using the slitting technique; 30 Radiographic appearance of the final lead position of the CRT system; 31 How to implant a CRT device in patients with chronic atrial fibrillation; 32 Upgrading DDD pacing to CRT; 33 Upgrading a CRT to a CRT-ICD system; 34 Repositioning of a dislodged left ventricular lead; 35 How to implant a four-chamber CRT system; 36 How to implant a biventricular, double-left ventricular lead CRT system; 37 Alternatives in left ventricular lead implant failures 38 Left ventricular lead extraction 39 Management of ventricular double counting in CRT; 40 Management of non-responders to CRT; References; Index

Sommario/riassunto

Cardiac resynchronization therapy is a new therapy for advanced heart failure patients. This therapy has been shown to improve quality of life, exercise capacity, NYHA classification, and even reverse the detrimental "reverse remodeling" that occurs in advanced heart failure - in patients already receiving optimal pharmacological therapy. The typical patient has NYHA III/IV HF symptoms, a QRS > 120 ms, LVEDD > 55 mm, without any indication required for pacing. The therapy is available in an ICD device, too. CRT has been shown to be effective in patients with both ischemic and non-ische
