Pacemaker Training Program Special Functions Managed Ventricular Pacing Modes

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MGH

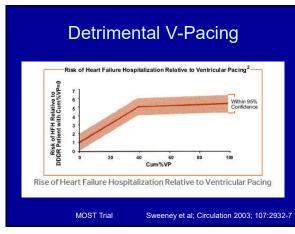
Introduction

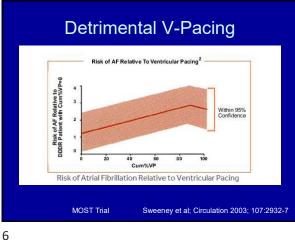
- Pacemakers are programmed to ensure an adequate atrial and ventricular rhythm
- · Sometimes the pacer will pace the ventricle even when intrinsic conduction is present, just slower than the pacer's programmed AV delay
- RV pacing is good for patients needing cardiac resynchronization therapy....
- But is not good for everyone

- Why should Pacemakers try to **Reduce Ventricular Pacing?**
- · RV apical pacing leads to essentially a LBBB and suboptimal systolic contraction
- Late-systolic contraction delays the passive ventricular filling and thereby shortens the effective duration of diastole resulting in suboptimal diastolic filling

Why should Pacemakers try to **Reduce Ventricular Pacing?**

- Excessive RV pacing has several suboptimal outcomes:
 - LV dysfunction and dilation
 - Higher rate of CHF hospitalization
 - Higher rate of AFib





Solution

 All manufacturers now have programs to minimize the amount of ventricular pacing when it is beneficial to do so

Manufacturer Specific Programs to Minimize Ventricular Pacing

Medtronic
St Jude
Bost Sci
Biotronik

Manufacturer

Program Name

Managed Ventricular Pacing (MVP) Ventricular Intrinsic Preference (VIP) RHYTHMIQ Intrinsic Rhythm Support (IRS)

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Objectives for Today

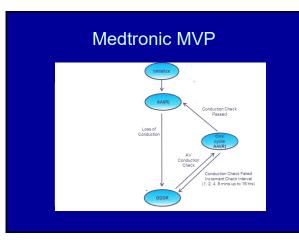
- Review how each manufacturer attempts to reduce unnecessary V-pacing
- Show how to determine if the special mode is active
- Show how to turn it off with the programmer

Pacing Mode Distribution 300 Cases Mar 2015-Mar 7, 2018

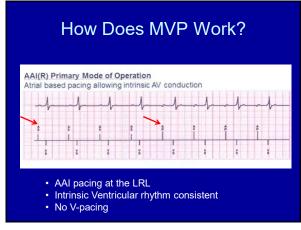
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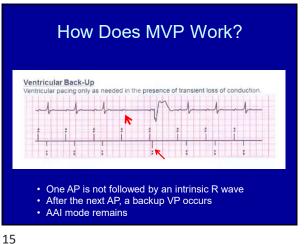
Managed Ventricular Pacing Medtronic MVP

- Base mode is a hybrid of AAI(R) and DDD(R)
- If adequate AV conduction, the pacer is in AAI mode.
- If AV conduction fails for two consecutive beats, the pacer converts to DDD mode.
- When in DDD mode, the AV interval extends to up to 400 ms periodically to search for intrinsic conduction
- If intrinsic conduction is present the AAI mode resumes

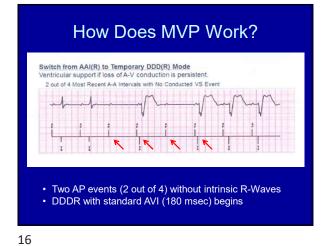


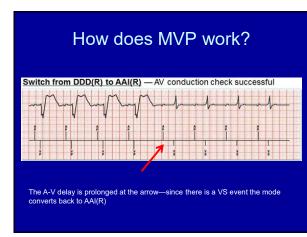
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- When in DDD(R), the pacer drops a ventricular pacing beat periodically to determine if AV conduction is adequate again
 - 1 min, 2 min, 4 min, 8 min....16 hours
 - Every 16 hours thereafter

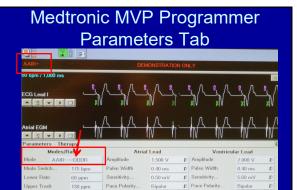
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Medtronic MVP

- In the OR you may see significant pauses from non-conducted atrial beats or you may see particularly long PR intervals
- This represents normal pacemaker function

Medtronic Programmer

- You will know that MVP is on whenever your patient with a Medtronic Pacemaker is programmed into a AAI(R)-DDD(R) mode
- You can look at the programmer report or simply use the programmer itself...

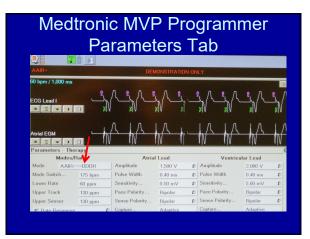


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Mode		0
DDDR	DOO	A00
AAIR<=>DDDR 🗉	VVIR	VDIR 4
DDIR O	VVI	VDI 🕯
DVIR	VVT 🛇	ADIR 4
DOOR	VOOR	ADI 🕯
30 DDD	VOO	ODO 🕯
AAI<=>DDD	AAIR	OVO 4
VDD	AAI	OAO 4
DDIO	AAT 🛇	
DVI	AOOR	
AAI(R)<=>DDD(R) - MVP Pacing; switches to DDD(I		h backup V. 🖆
12 Undo Pending		Close

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When should you turn off MVP?

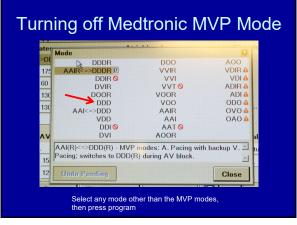
AAIR+ indicates that backup ventricular pacing is available

• When?

- If there is persistent AV block
- If there is persistent AF

130 ppn

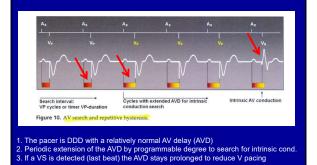
- If the patient is going to the OR and you do not want to be distracted by the normal function
- How?
 - In the parameters tab select the mode
- Then choose a mode other than MVP, e.g.
 DDD



St Jude Ventricular Intrinsic Preference (VIP)

- Periodic extension of the AV interval when in the DDD pacing mode by up to 450 msec to search for evidence of intrinsic conduction
- If AV conduction intact, the AV interval remains prolonged

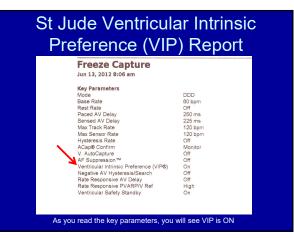
VIP using AV Search Hysteresis



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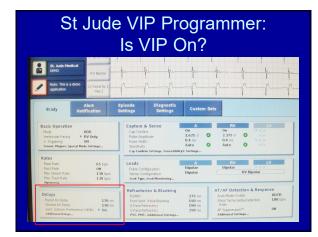
How can one determine if VIP is Programmed ON?

- Programmer report
- Programmer interrogation



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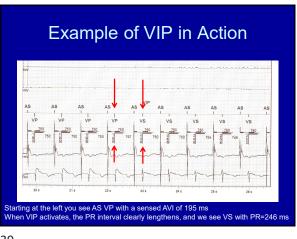
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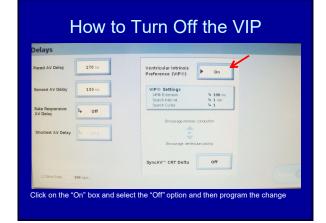


	Preference (VIP®)	
130 ms	VIP & Settings VIP & Extension 4 100 ms Search Herval 4 1 min Search Andrea 1 1	
off	Encourage intrinsic conduction	
n/a	er Encourage ventricular pacing	
	SyncAV''' CRT Delta	
	off	off Off Eccuses Eccuse

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Boston Scientific RHYTHMIQ

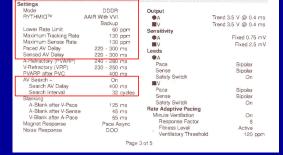
- Uses AAI(R) mode with a concurrent VVI backup pacing at a rate 15 bpm below the LRL
 – as if two separate pacers working simultaneously
- Does not allow "long" pauses due to unconducted atrial events like Medtronic's MVP
- If persistent loss of AV conduction (3 of 11 beats) the device changes to DDD(R)
- AV hysteresis is used periodically to search for the return of AV conduction

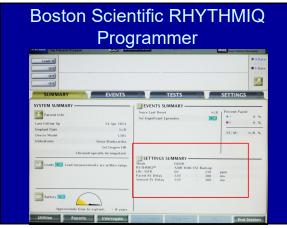
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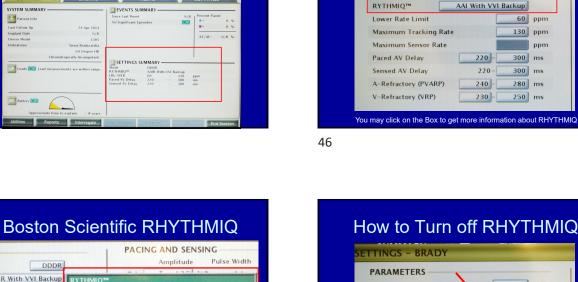
How to determine if RHYTHMIQ is on

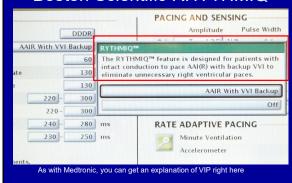
- Look at programmer report
- Interrogate the pacemaker

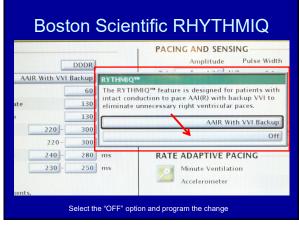
Boston Sci. Programmer Printout

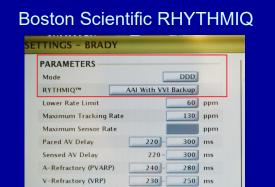




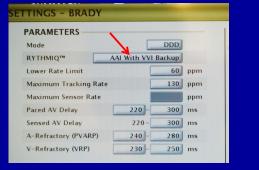


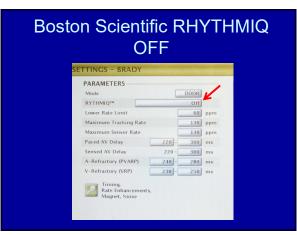






How to Turn off RHYTHMIQ

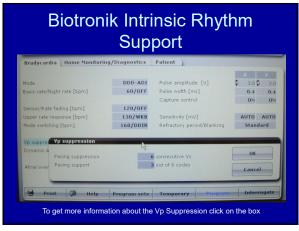




Biotronik Intrinsic Rhythm Support (IRS)

- A.K.A. Vp Suppression
- Mode oscillates between DDD(R) and ADI(R) just like the Medtronic MVP system - Medtronic is really in ADI(R) mode also
- Starts in DDD(R)
- · Extends the AVD to 450 ms to search over 8 cycles for intrinsic conduction
 - If present, pacer converts to ADI(R)
 - If not present DDD(R) is maintained, and the periodic search interval lengthens until 128 min and then to q 20 hrs

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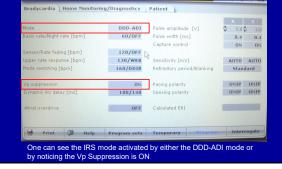


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Minimize Ventricular Pacing **Programs Summary**

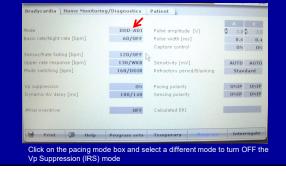
- Reducing ventricular pacing is a good thing for many patients with pacemakers or ICDs
- · Each manufacturer has a method of trying to minimize ventricular pacing in patients who potentially have adequate intrinsic AV conduction

Biotronik Intrinsic Rhythm Support Programmer



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Biotronik Intrinsic Rhythm Support Programmer



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Minimize Ventricular Pacing **Programs Summary**

- In the OR you may see periodic long AV intervals or even some non-conducted Pwaves
- This does not indicate pacer malfunction (assuming one of the aforementioned programs are active), but rather normal function
- As long as you do not let it distract you, it should *usually* be well tolerated
- If you prefer to turn off these modes, you now know how to do so with the programmers

The End

• Please contact me with any questions or concerns that have arisen during this lecture

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