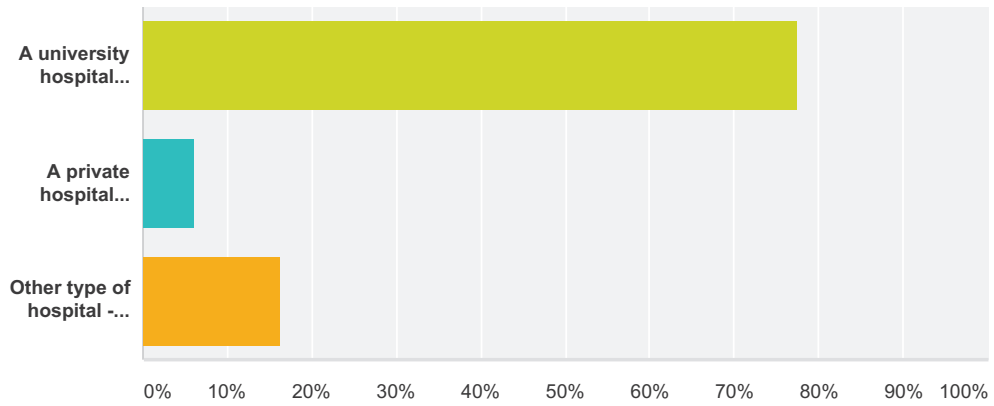


EP Wire on Management of Arrhythmias detected by Implanted Cardiac Devices

Q1 Is your institution:

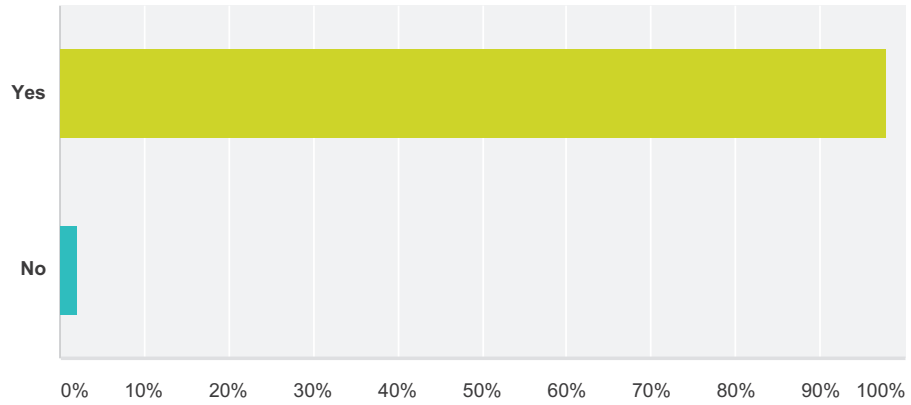
Answered: 49 Skipped: 0



Answer Choices	Responses
A university hospital (academic)	77.55% 38
A private hospital (non-academic)	6.12% 3
Other type of hospital - Institution name:	16.33% 8
Total	49

Q4 Would you be comfortable if we acknowledge your center in the EP Europace Journal and on the Website?

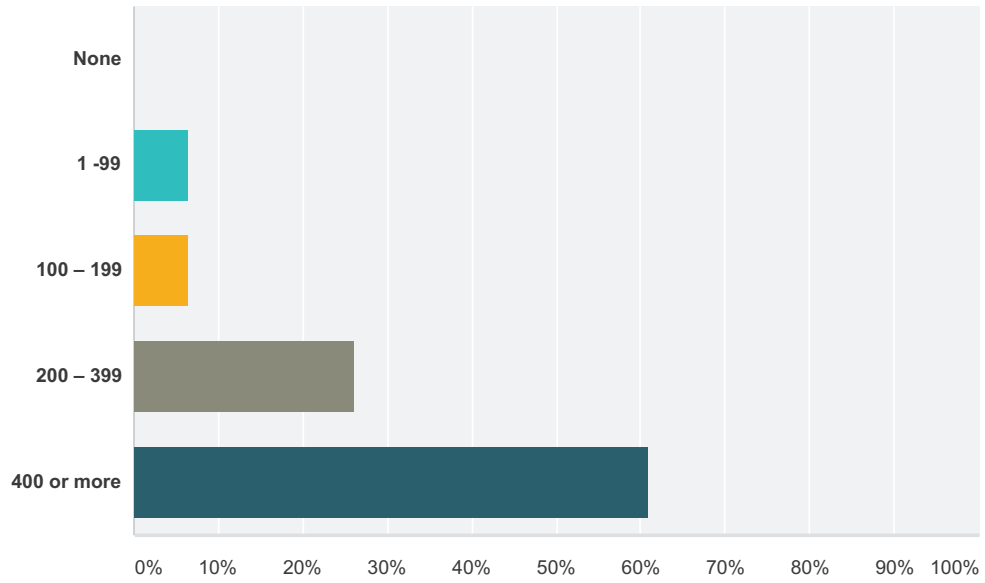
Answered: 49 Skipped: 0



Answer Choices	Responses	
Yes	97.96%	48
No	2.04%	1
Total		49

Q5 Total Number of device implants at your institution last calendar year:

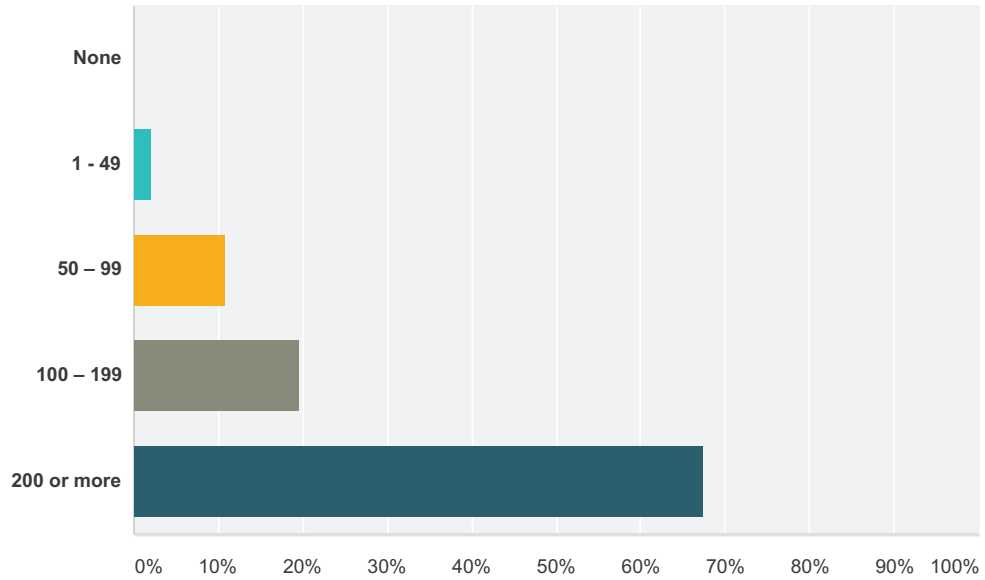
Answered: 46 Skipped: 3



Answer Choices	Responses	
None	0.00%	0
1 -99	6.52%	3
100 – 199	6.52%	3
200 – 399	26.09%	12
400 or more	60.87%	28
Total		46

Q6 Total Number of pacemaker (AAI/VVI/DDD) implants at your institution last calendar year:

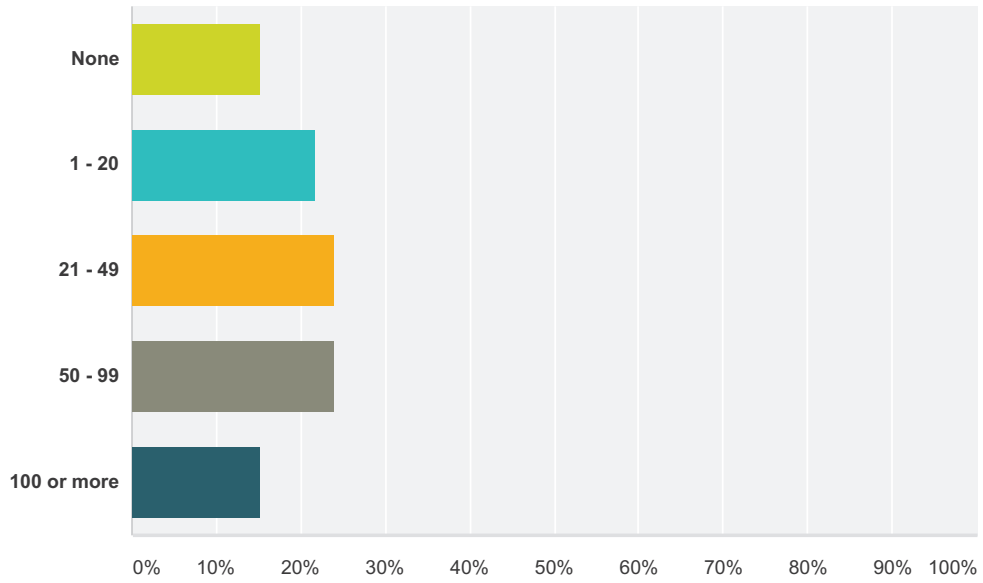
Answered: 46 Skipped: 3



Answer Choices	Responses
None	0.00% 0
1 - 49	2.17% 1
50 - 99	10.87% 5
100 - 199	19.57% 9
200 or more	67.39% 31
Total	46

Q7 Total Number of Loop recorder implants at your institution last calendar year:

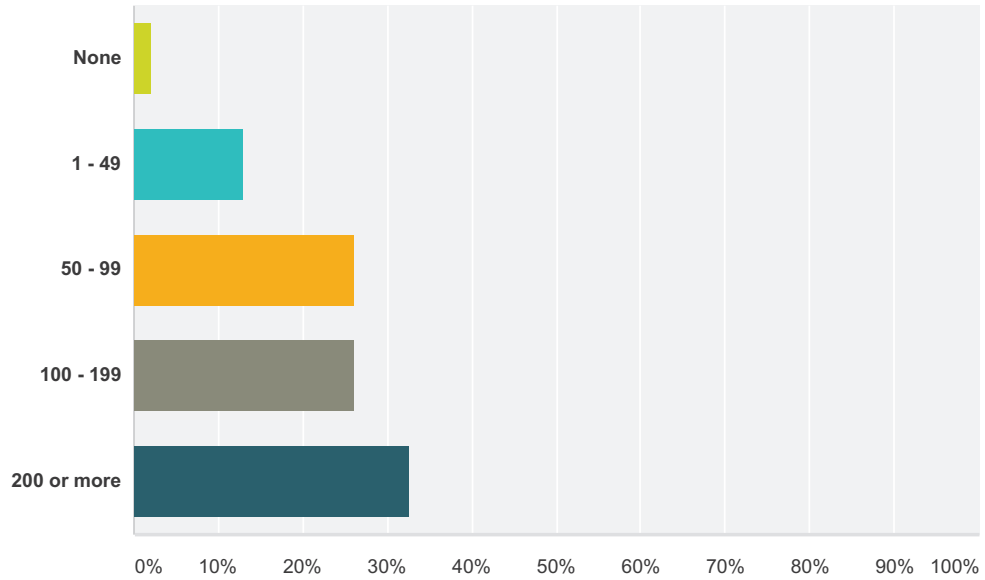
Answered: 46 Skipped: 3



Answer Choices	Responses	Count
None	15.22%	7
1 - 20	21.74%	10
21 - 49	23.91%	11
50 - 99	23.91%	11
100 or more	15.22%	7
Total		46

Q8 Total Number of all ICD (single, dual and CRT) implants at your institution last calendar year:

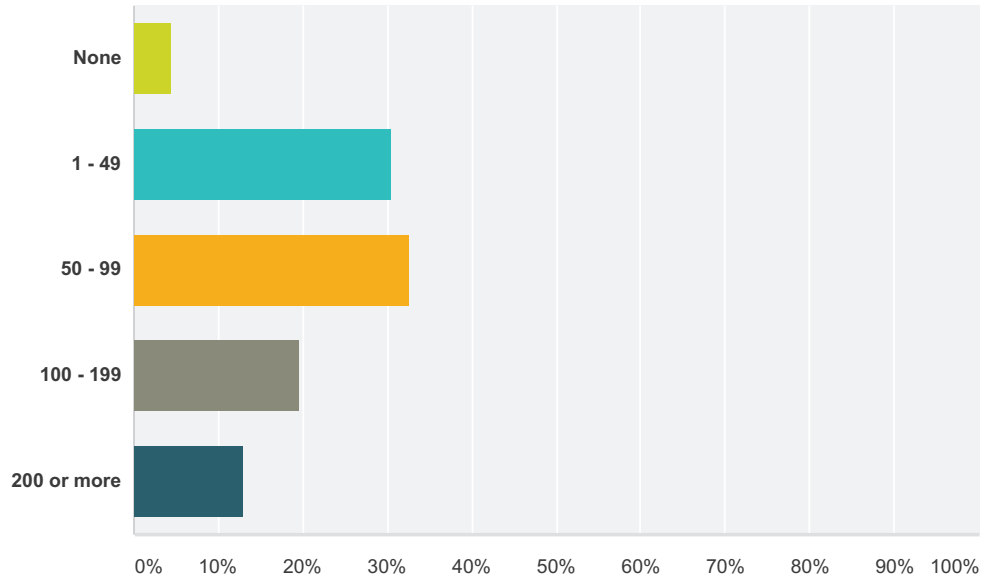
Answered: 46 Skipped: 3



Answer Choices	Responses	
None	2.17%	1
1 - 49	13.04%	6
50 - 99	26.09%	12
100 - 199	26.09%	12
200 or more	32.61%	15
Total		46

**Q9 Total Number of CRT implants
(pacemaker and ICD) at your institution last
calendar year:**

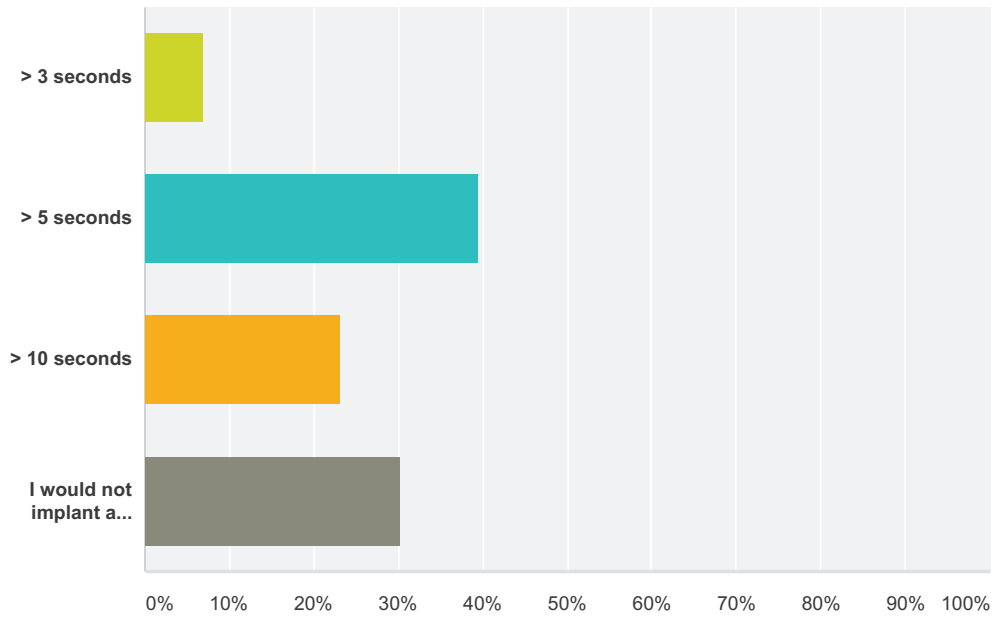
Answered: 46 Skipped: 3



Answer Choices	Responses	Count
None	4.35%	2
1 - 49	30.43%	14
50 - 99	32.61%	15
100 - 199	19.57%	9
200 or more	13.04%	6
Total		46

Q10 In a patient with a history of syncope, a normal 12 lead ECG and a structurally normal heart, under follow-up with an implantable loop recorder, I would implant a pacemaker for an asymptomatic pause of:

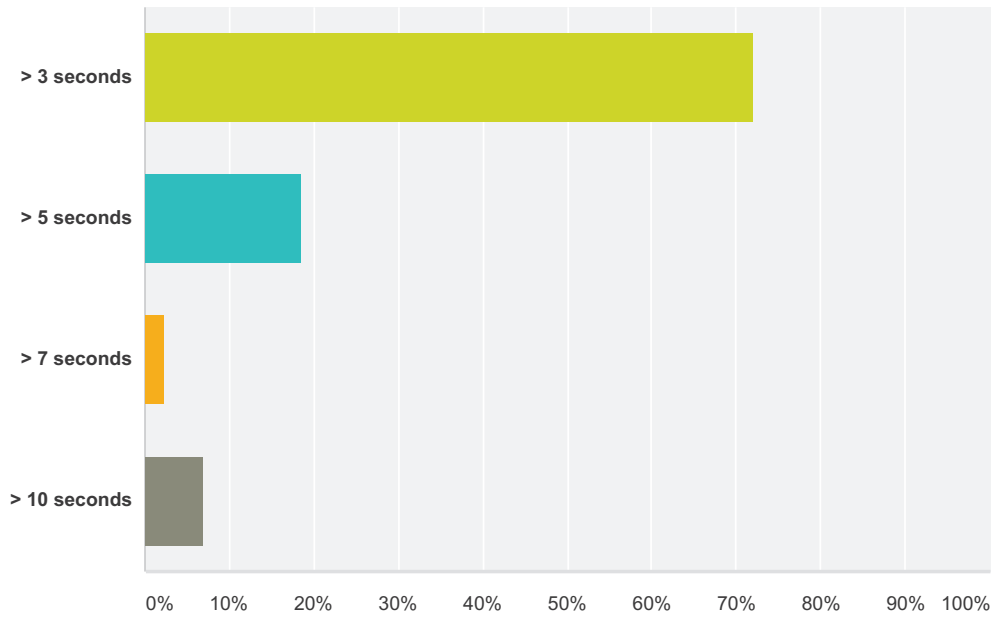
Answered: 43 Skipped: 6



Answer Choices	Responses
> 3 seconds	6.98% 3
> 5 seconds	39.53% 17
> 10 seconds	23.26% 10
I would not implant a pacemaker for this asymptomatic event	30.23% 13
Total	43

Q11 In a patient with a history of syncope, a normal 12 lead ECG and a structurally normal heart, under follow-up with an implantable loop recorder, I would implant a pacemaker for a symptomatic pause of:

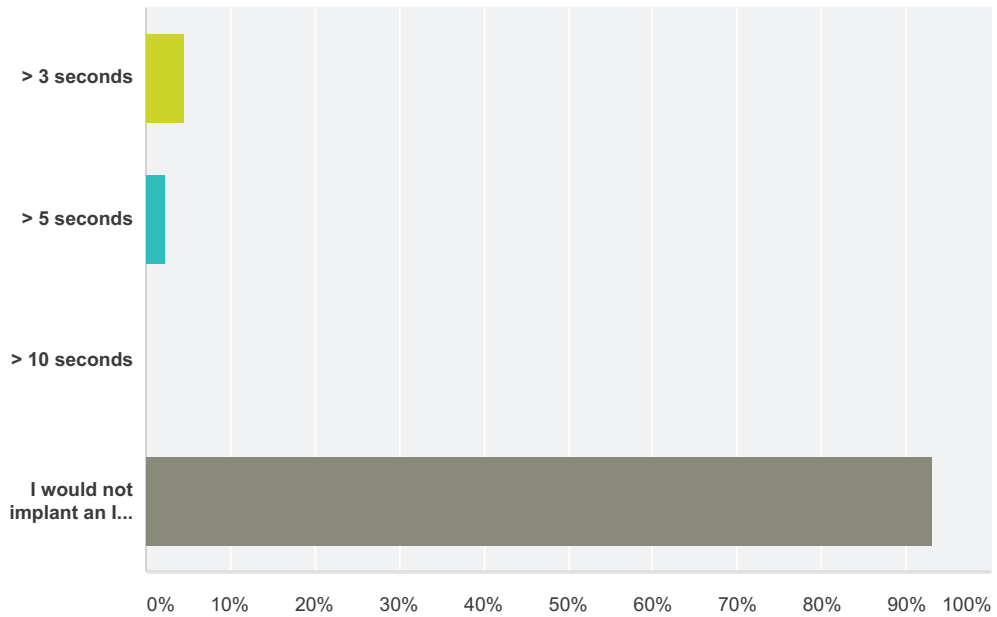
Answered: 43 Skipped: 6



Answer Choices	Responses
> 3 seconds	72.09% 31
> 5 seconds	18.60% 8
> 7 seconds	2.33% 1
> 10 seconds	6.98% 3
Total	43

Q12 In a patient with a history of syncope, a normal 12 lead ECG and a structurally normal heart, under follow-up with an implantable loop recorder, I would implant an ICD for an asymptomatic run of broad complex tachycardia (rate 200bpm) of:

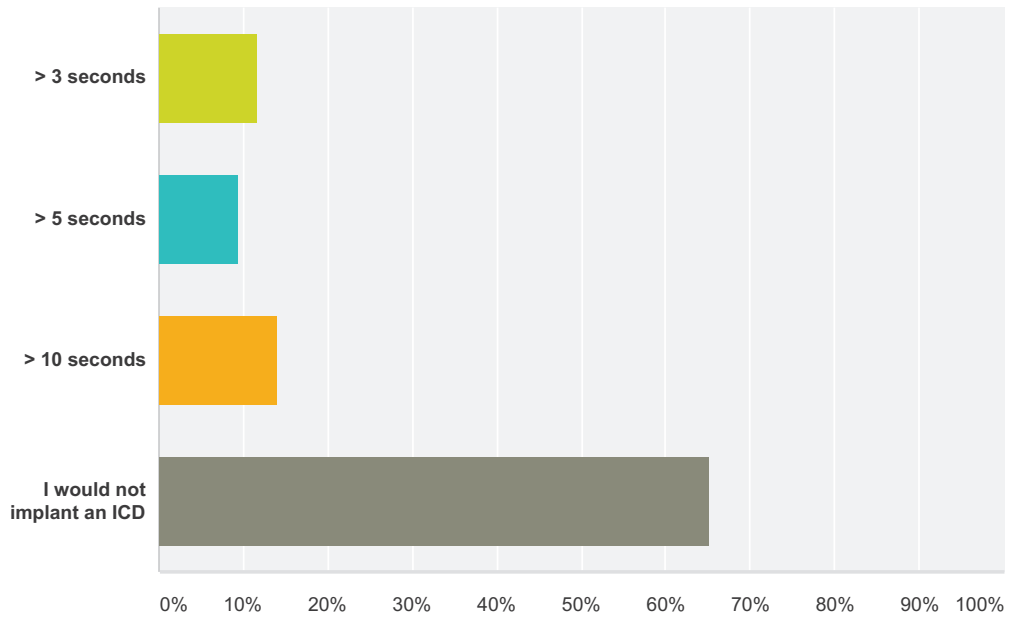
Answered: 43 Skipped: 6



Answer Choices	Responses
> 3 seconds	4.65% 2
> 5 seconds	2.33% 1
> 10 seconds	0.00% 0
I would not implant an ICD for this asymptomatic event	93.02% 40
Total	43

Q13 In a patient with a history of syncope, a normal 12 lead ECG and a structurally normal heart, under follow-up with an implantable loop recorder, I would implant an ICD for a symptomatic run of broad complex tachycardia (rate 200bpm) of:

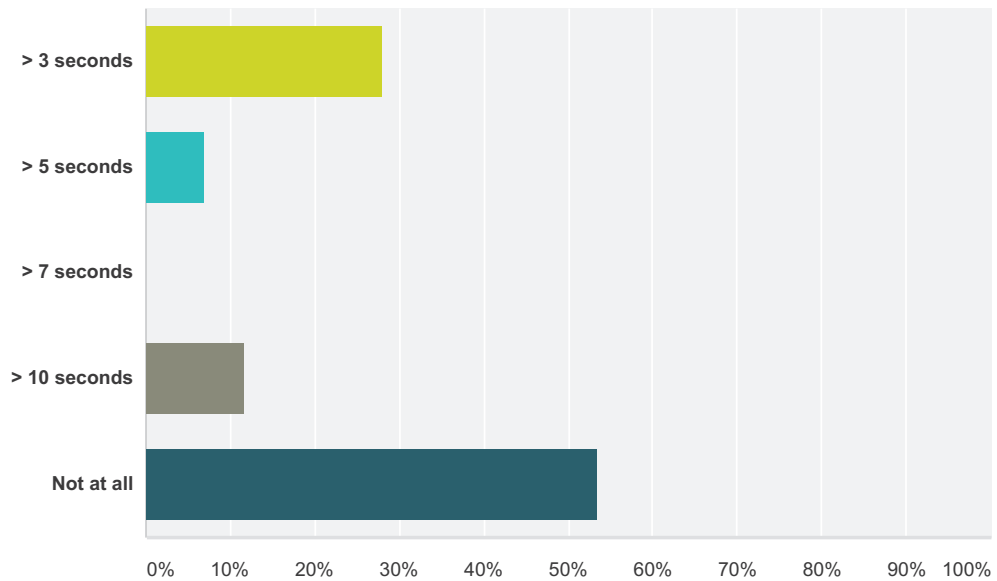
Answered: 43 Skipped: 6



Answer Choices	Responses
> 3 seconds	11.63% 5
> 5 seconds	9.30% 4
> 10 seconds	13.95% 6
I would not implant an ICD	65.12% 28
Total	43

Q14 In a patient with a history of syncope, evidence of a previous anterior MI on 12 lead ECG and impaired left ventricular function (ejection fraction 40%) according to echocardiography, under follow-up with an implantable loop recorder, I would implant an ICD for an asymptomatic run of broad complex tachycardia (rate 180bpm) of:

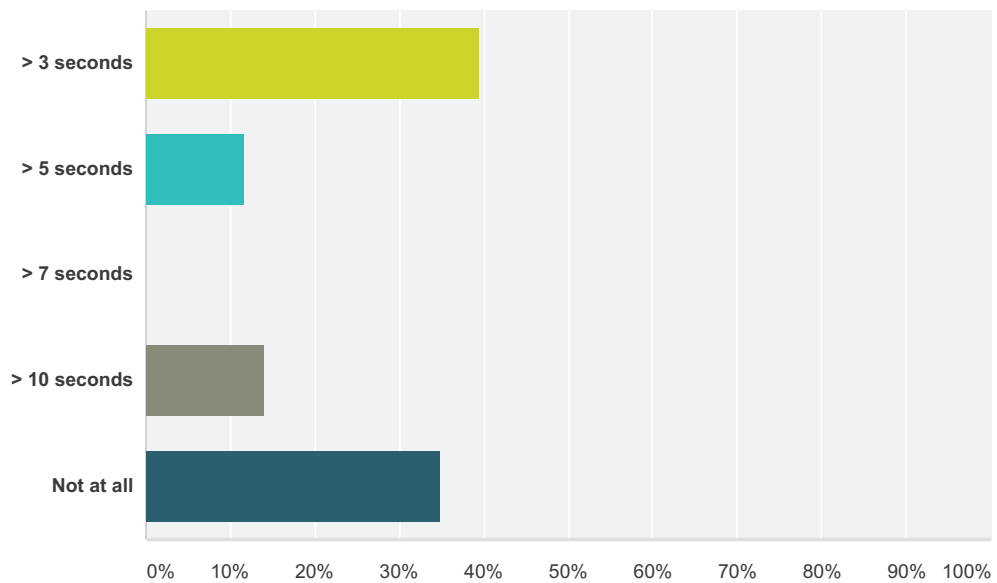
Answered: 43 Skipped: 6



Answer Choices	Responses
> 3 seconds	27.91% 12
> 5 seconds	6.98% 3
> 7 seconds	0.00% 0
> 10 seconds	11.63% 5
Not at all	53.49% 23
Total	43

Q15 In a patient with a history of syncope evidence of a previous anterior MI on 12 lead ECG and impaired left ventricular function (ejection fraction 40%) according to echocardiography, under follow-up with an implantable loop recorder, I would implant an ICD for a symptomatic run of broad complex tachycardia (rate 180bpm) of:

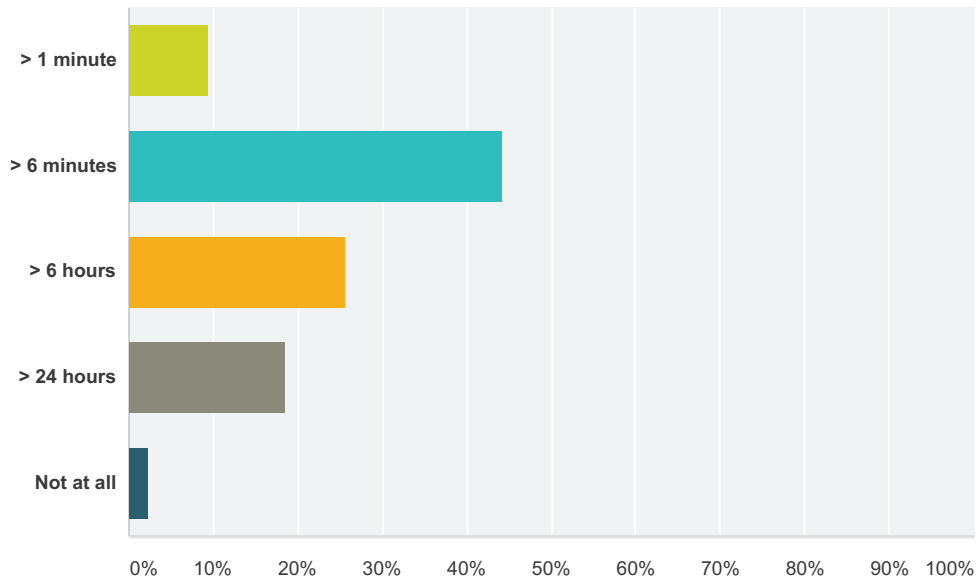
Answered: 43 Skipped: 6



Answer Choices	Responses
> 3 seconds	39.53% 17
> 5 seconds	11.63% 5
> 7 seconds	0.00% 0
> 10 seconds	13.95% 6
Not at all	34.88% 15
Total	43

Q16 In a patient with a dual chamber pacemaker implanted for sinus node disease and a CHADSVASc score of 2-3, who is asymptomatic I would recommend anti-coagulation for a single atrial high rate episode detected at a 6-month follow-up:

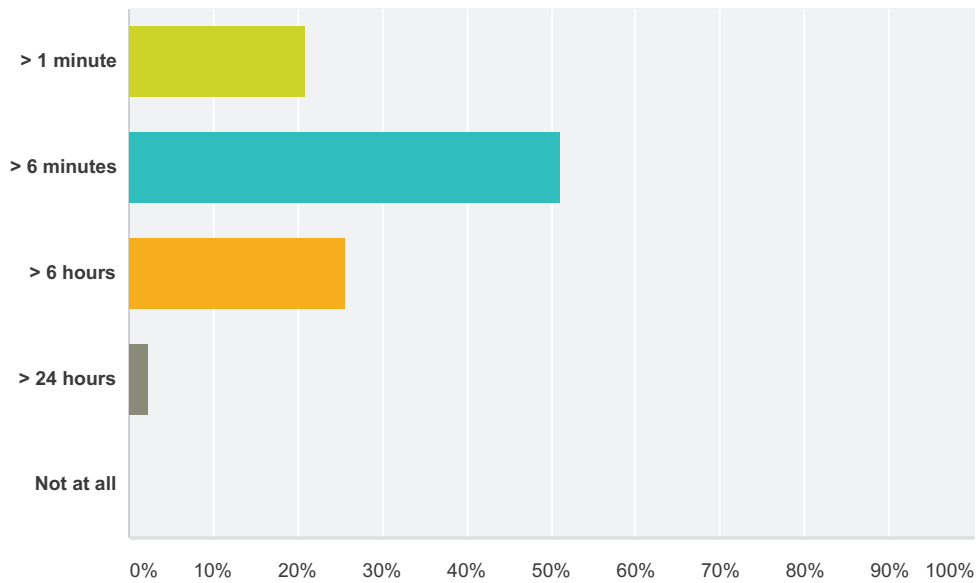
Answered: 43 Skipped: 6



Answer Choices	Responses
> 1 minute	9.30% 4
> 6 minutes	44.19% 19
> 6 hours	25.58% 11
> 24 hours	18.60% 8
Not at all	2.33% 1
Total	43

Q17 In a patient with a dual chamber pacemaker implanted for sinus node disease and a CHADSVASc score of 2 -3, who is asymptomatic I would recommend anti-coagulation for a multiple (>2) atrial high rate episode detected at a 6-month follow-up:

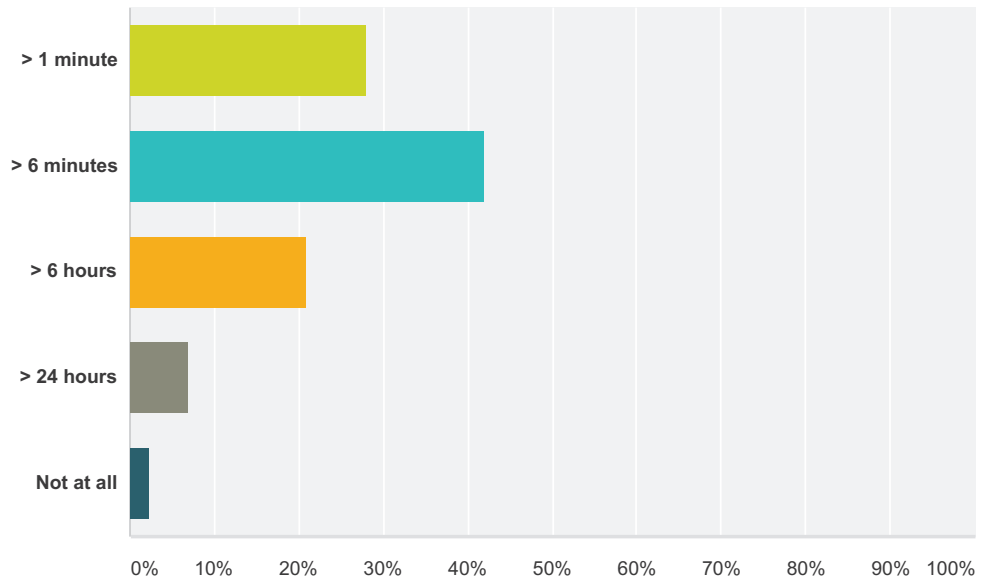
Answered: 43 Skipped: 6



Answer Choices	Responses
> 1 minute	20.93% 9
> 6 minutes	51.16% 22
> 6 hours	25.58% 11
> 24 hours	2.33% 1
Not at all	0.00% 0
Total	43

Q18 In a patient with a dual chamber pacemaker implanted for sinus node disease and a CHADSVASc score of ≥ 4 , who is asymptomatic I would recommend anticoagulation for a single atrial high rate episode detected at a 6-month follow-up:

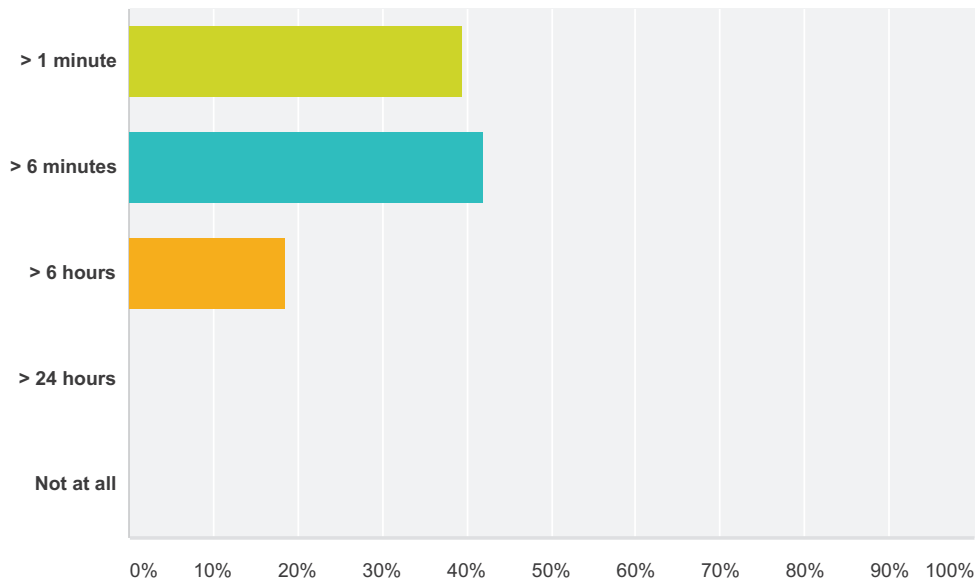
Answered: 43 Skipped: 6



Answer Choices	Responses
> 1 minute	27.91% 12
> 6 minutes	41.86% 18
> 6 hours	20.93% 9
> 24 hours	6.98% 3
Not at all	2.33% 1
Total	43

Q19 In a patient with a dual chamber pacemaker implanted for sinus node disease and a CHADSVASc score of ≥ 4 , who is asymptomatic I would recommend anticoagulation for a multiple (>2) atrial high rate episode detected at a 6-month follow-up:

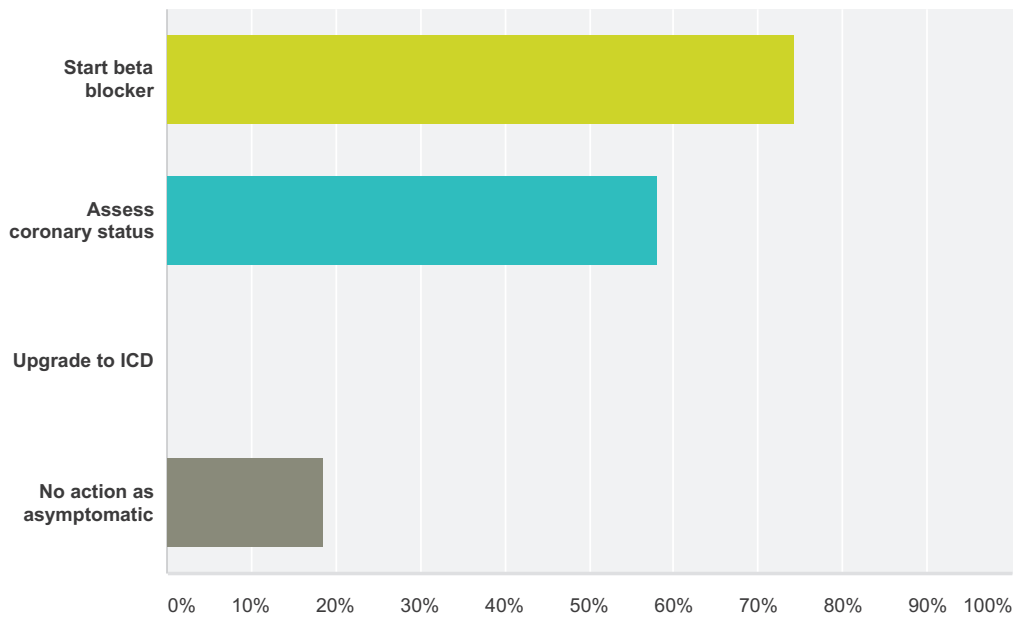
Answered: 43 Skipped: 6



Answer Choices	Responses
> 1 minute	39.53% 17
> 6 minutes	41.86% 18
> 6 hours	18.60% 8
> 24 hours	0.00% 0
Not at all	0.00% 0
Total	43

Q20 In a patient with a dual chamber pacemaker implanted for complete heart block, with an asymptomatic ventricular high rate episode (>185/min) duration 10 beats, and mild left ventricular impairment (ejection fraction 50%), I would recommend further investigation and treatment as below: (more than 1 answer possible)

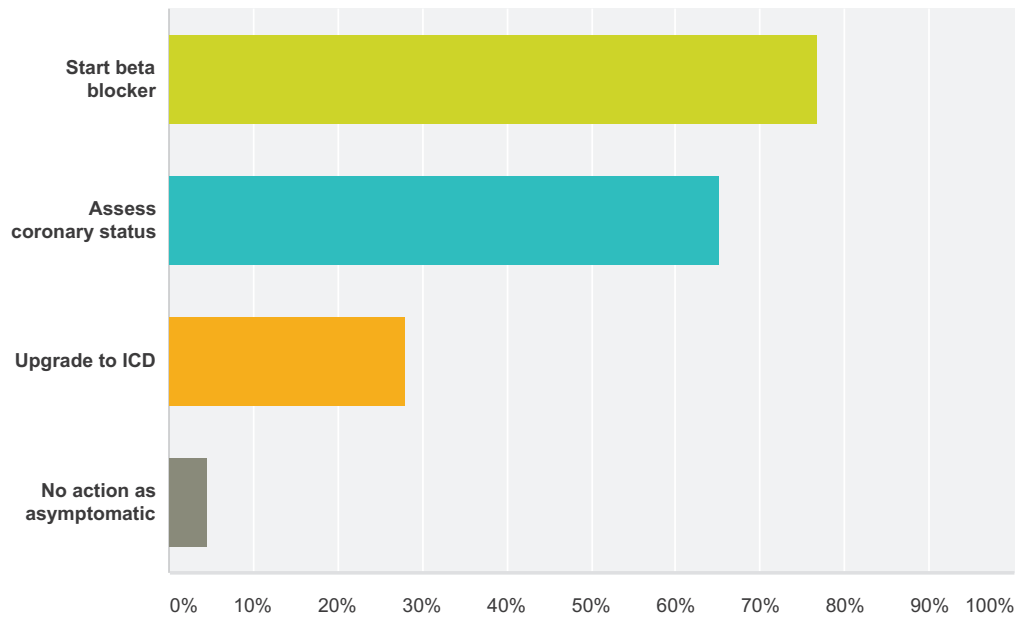
Answered: 43 Skipped: 6



Answer Choices	Responses	Count
Start beta blocker	74.42%	32
Assess coronary status	58.14%	25
Upgrade to ICD	0.00%	0
No action as asymptomatic	18.60%	8
Total Respondents: 43		

Q21 In a patient with a dual chamber pacemaker implanted for complete heart block, with a symptomatic ventricular high rate episode (>185/min) duration 10 beats, and moderate left ventricular impairment (ejection fraction of 40%), I would recommend further investigation and treatment as below: (more than 1 answer possible)

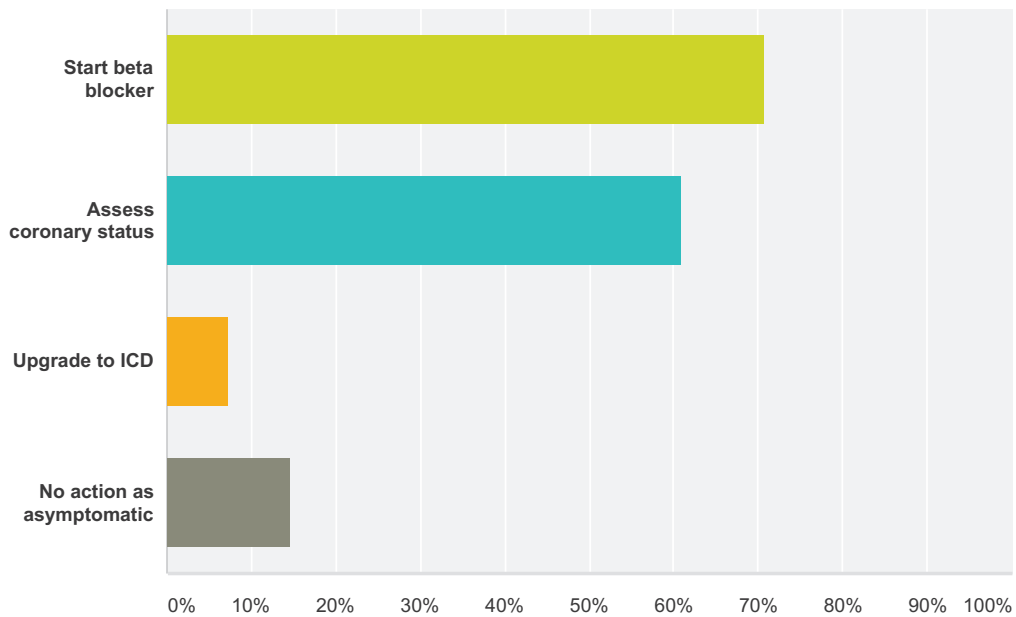
Answered: 43 Skipped: 6



Answer Choices	Responses
Start beta blocker	76.74% 33
Assess coronary status	65.12% 28
Upgrade to ICD	27.91% 12
No action as asymptomatic	4.65% 2
Total Respondents: 43	

Q22 In a patient with a dual chamber pacemaker implanted for complete heart block 5 years ago, with an asymptomatic ventricular high rate episode at 200/min duration 15 seconds, and normal left ventricular function, I would recommend further investigation and treatment as below: (more than 1 answer possible)

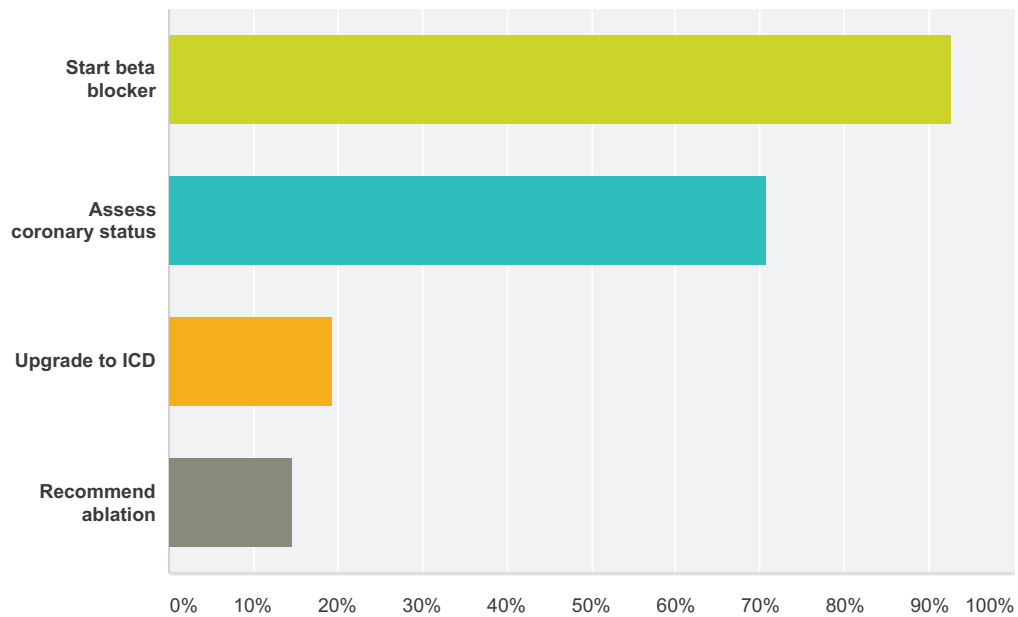
Answered: 41 Skipped: 8



Answer Choices	Responses
Start beta blocker	70.73% 29
Assess coronary status	60.98% 25
Upgrade to ICD	7.32% 3
No action as asymptomatic	14.63% 6
Total Respondents: 41	

Q23 In a patient with a dual chamber pacemaker implanted for complete heart block 5 years ago, with a symptomatic ventricular high rate episode at 200/min duration 15 seconds, and normal left ventricular function, I would recommend further investigation and treatment as below: (more than 1 answer possible)

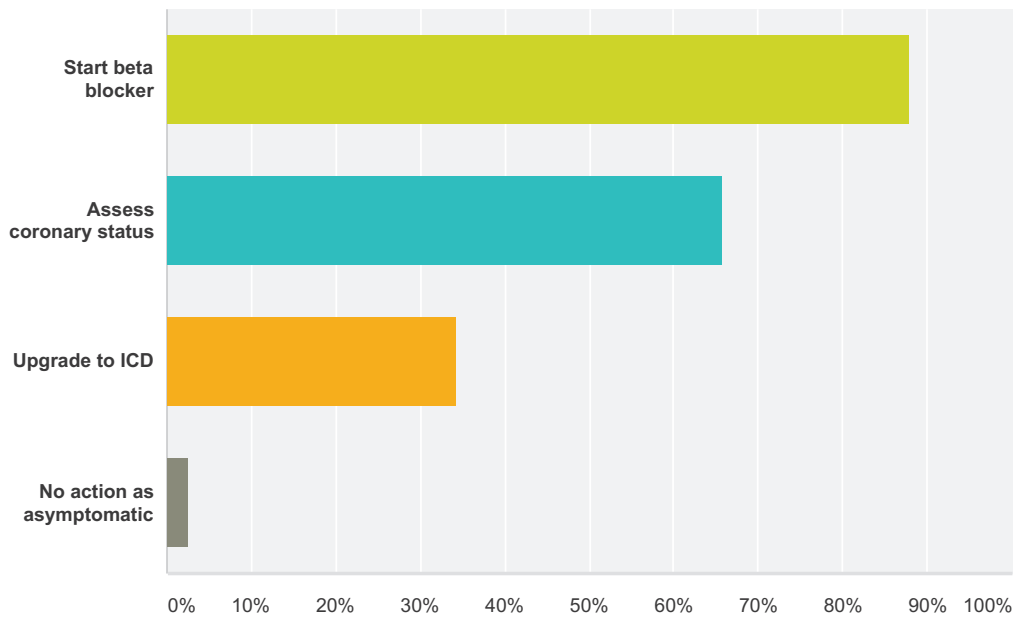
Answered: 41 Skipped: 8



Answer Choices	Responses	Count
Start beta blocker	92.68%	38
Assess coronary status	70.73%	29
Upgrade to ICD	19.51%	8
Recommend ablation	14.63%	6
Total Respondents: 41		

Q24 In a patient with a dual chamber pacemaker implanted for complete heart block, with an asymptomatic ventricular high rate episode at 200/min duration 15 seconds, and moderate left ventricular impairment (EF 40%), I would recommend further investigation and treatment as below: (more than 1 answer possible)

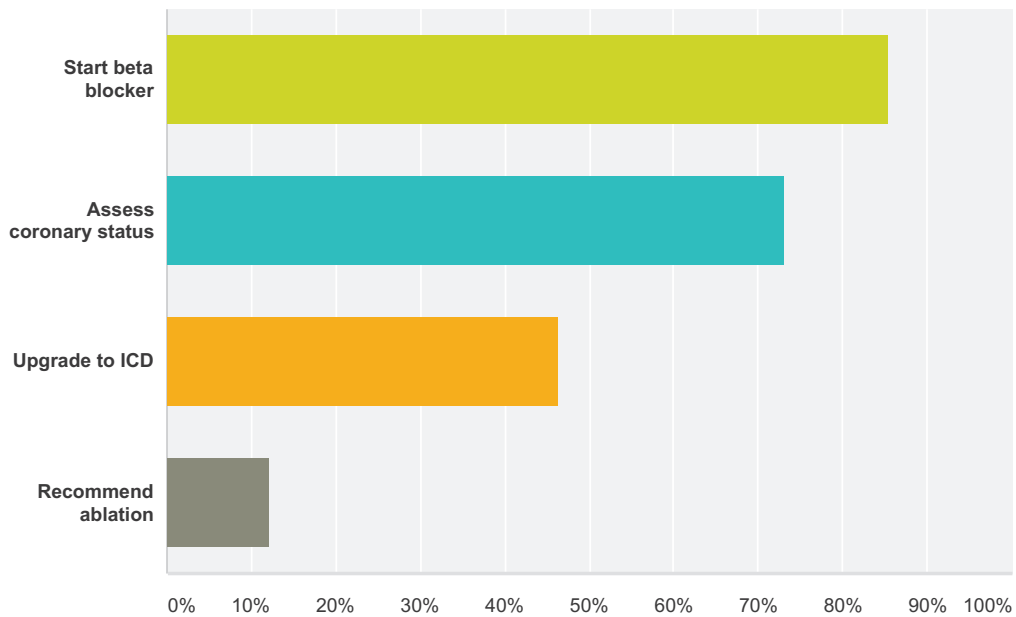
Answered: 41 Skipped: 8



Answer Choices	Responses
Start beta blocker	87.80% 36
Assess coronary status	65.85% 27
Upgrade to ICD	34.15% 14
No action as asymptomatic	2.44% 1
Total Respondents: 41	

Q25 In a patient with a dual chamber pacemaker implanted for complete heart block, with a symptomatic ventricular high rate episode at 200/min duration 15 seconds, and moderate left ventricular impairment (EF 40%), I would recommend further investigation and treatment as below:(more than 1 answer possible)

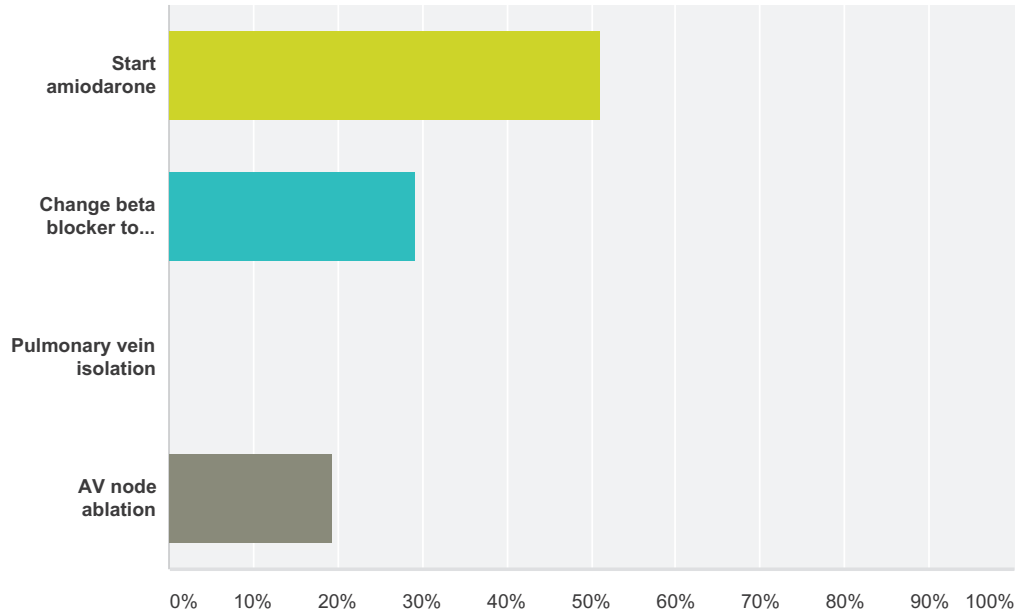
Answered: 41 Skipped: 8



Answer Choices	Responses
Start beta blocker	85.37% 35
Assess coronary status	73.17% 30
Upgrade to ICD	46.34% 19
Recommend ablation	12.20% 5
Total Respondents: 41	

Q26 In a 78 year old patient with a CRT-D, with an asymptomatic episode of atrial fibrillation of duration 72 hours, I would recommend:

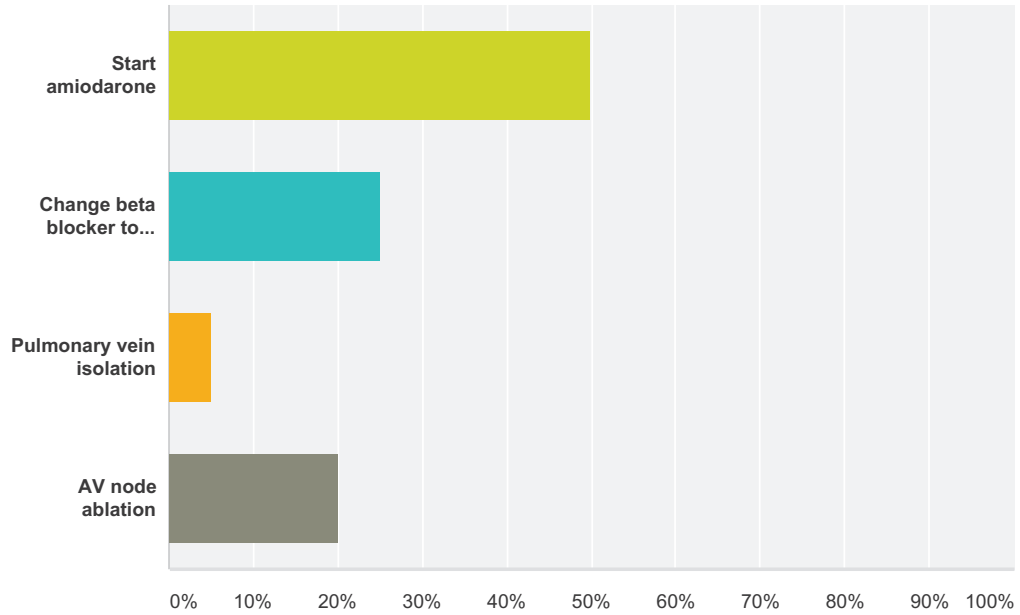
Answered: 41 Skipped: 8



Answer Choices	Responses	Count
Start amiodarone	51.22%	21
Change beta blocker to Sotalol	29.27%	12
Pulmonary vein isolation	0.00%	0
AV node ablation	19.51%	8
Total		41

Q27 In a 78 year old patient with a CRT-D, with a symptomatic episode of atrial fibrillation of duration 72 hours, I would recommend:

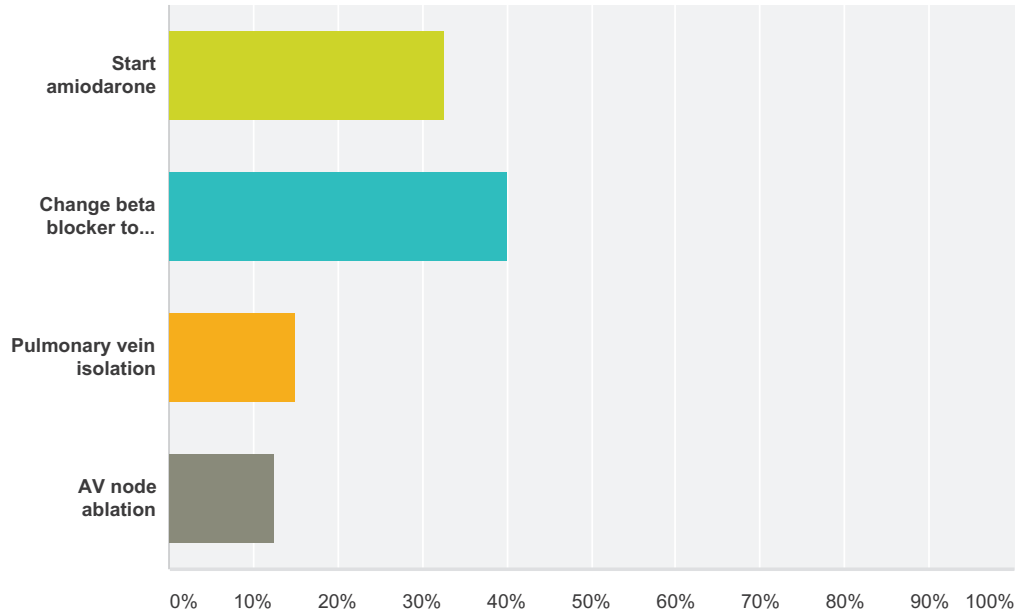
Answered: 40 Skipped: 9



Answer Choices	Responses	Count
Start amiodarone	50.00%	20
Change beta blocker to Sotalol	25.00%	10
Pulmonary vein isolation	5.00%	2
AV node ablation	20.00%	8
Total		40

Q28 In a 53 year old patient with a CRT-D, with an asymptomatic episode of atrial fibrillation of duration 72 hours, I would recommend:

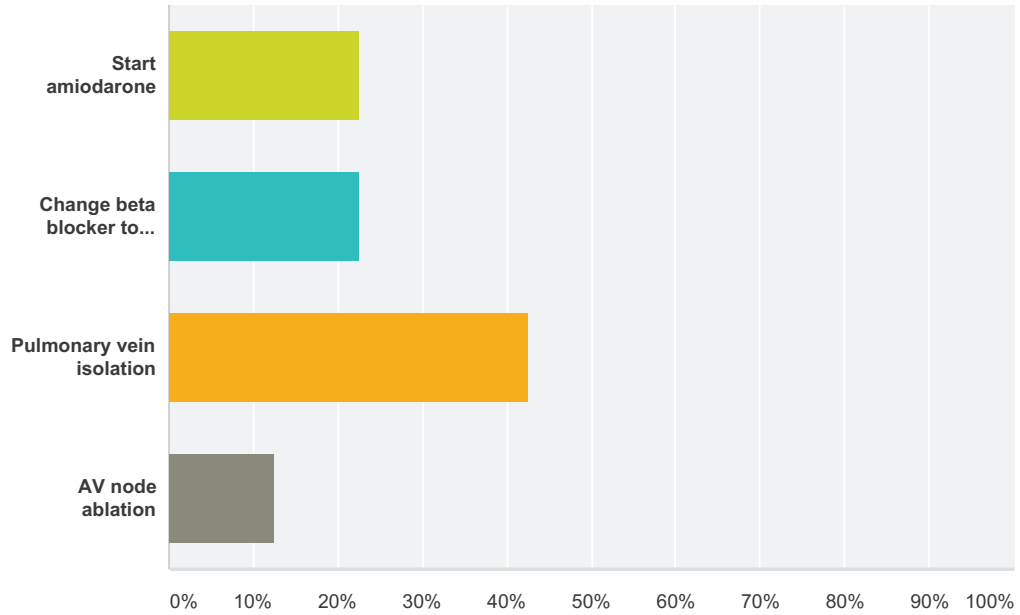
Answered: 40 Skipped: 9



Answer Choices	Responses	Count
Start amiodarone	32.50%	13
Change beta blocker to Sotalol	40.00%	16
Pulmonary vein isolation	15.00%	6
AV node ablation	12.50%	5
Total		40

Q29 In a 53 year old patient with a CRT-D, with a symptomatic episode of atrial fibrillation of duration 72 hours, I would recommend:

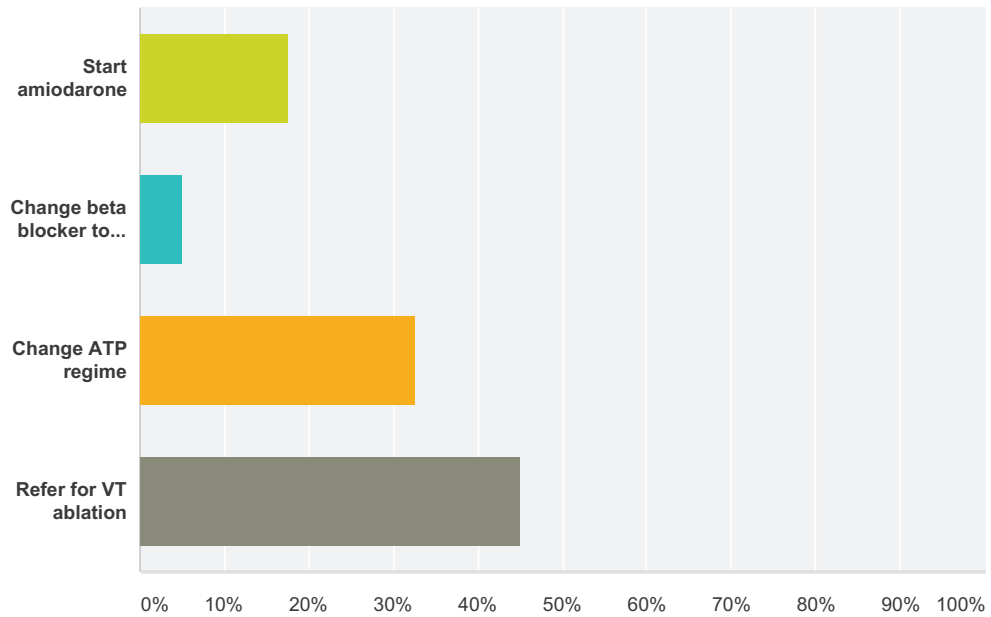
Answered: 40 Skipped: 9



Answer Choices	Responses
Start amiodarone	22.50% 9
Change beta blocker to Sotalol	22.50% 9
Pulmonary vein isolation	42.50% 17
AV node ablation	12.50% 5
Total	40

Q30 In a 60 year old patient with a history of ischaemic heart disease and a primary prevention ICD who has a first ICD shock for sustained monomorphic VT at a rate of 200/min, unresponsive to ATP, I would recommend:

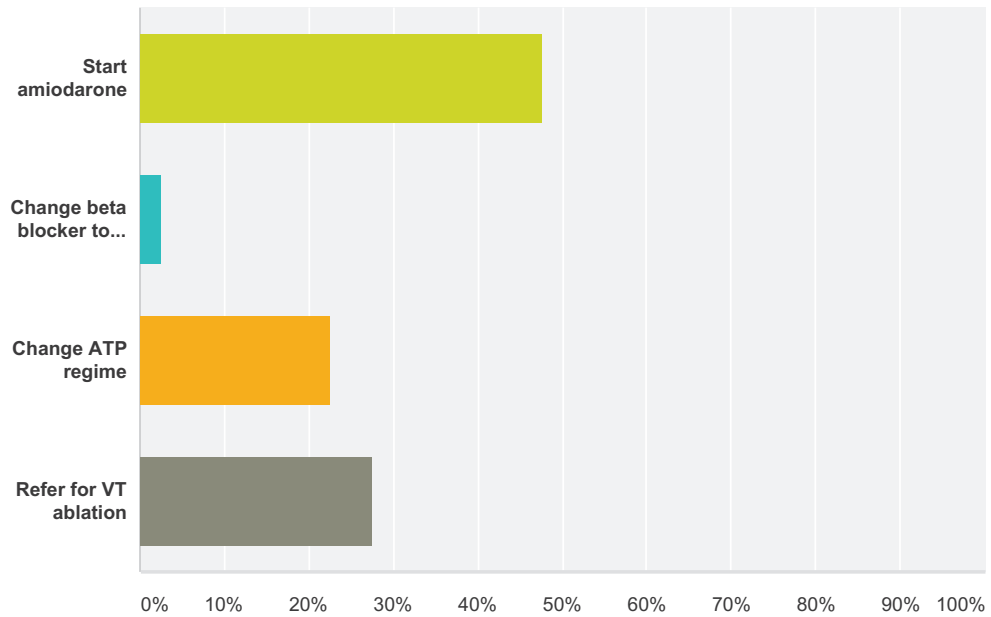
Answered: 40 Skipped: 9



Answer Choices	Responses
Start amiodarone	17.50% 7
Change beta blocker to Sotalol	5.00% 2
Change ATP regime	32.50% 13
Refer for VT ablation	45.00% 18
Total	40

Q31 In a 75 year old patient with a history of ischaemic heart disease and a primary prevention ICD who has a first ICD shock for sustained monomorphic VT at a rate of 200/min, unresponsive to ATP, I would recommend:

Answered: 40 Skipped: 9



Answer Choices	Responses
Start amiodarone	47.50% 19
Change beta blocker to Sotalol	2.50% 1
Change ATP regime	22.50% 9
Refer for VT ablation	27.50% 11
Total	40