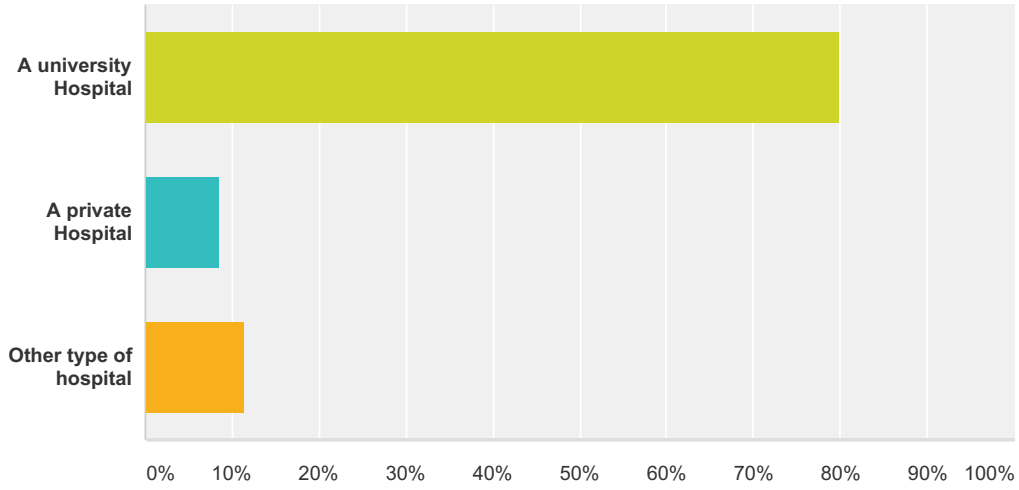
Q1 Is your institution :

Répondues : 35 Ignorées : 0



Choix de réponses	Réponses	
A university Hospital	**80,00%**	28
A private Hospital	**8,57%**	3
Other type of hospital	**11,43%**	4
Total		**35**

Q2 In which country and which city is your centre based?

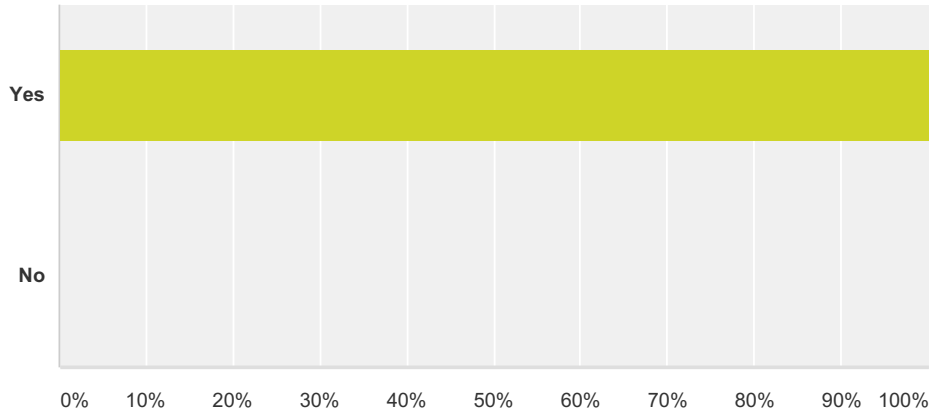
Répondues : 35 Ignorées : 0

Q3 Your email address is:

Répondues : 35 Ignorées : 0

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

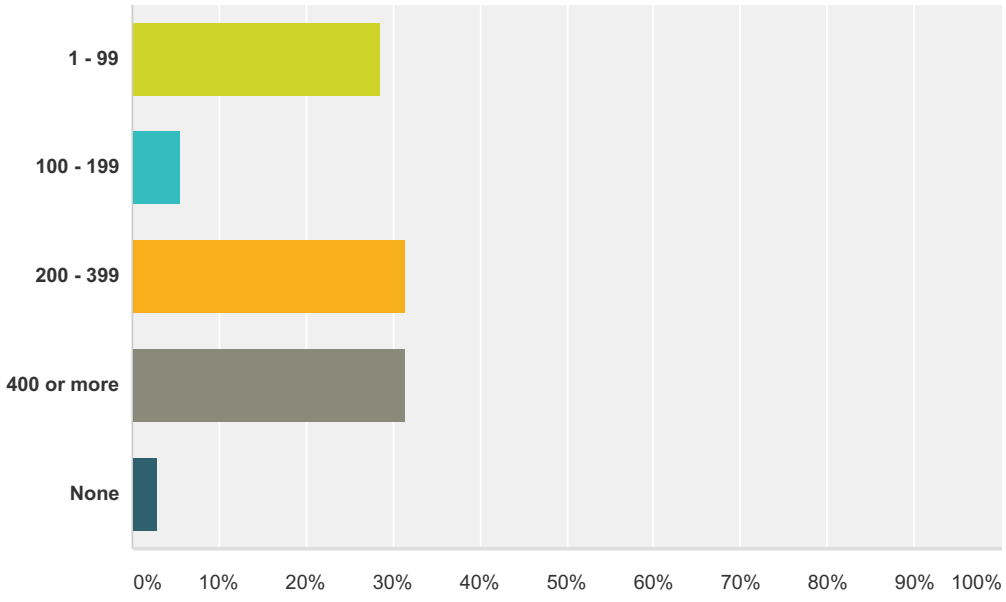
Répondues : 35 Ignorées : 0



Choix de réponses	Réponses	
Yes	**100,00%**	35
No	**0,00%**	0
Total		**35**

Q5 Number of Catheter ablations (all type of arrhythmia) at your institution last calendar year

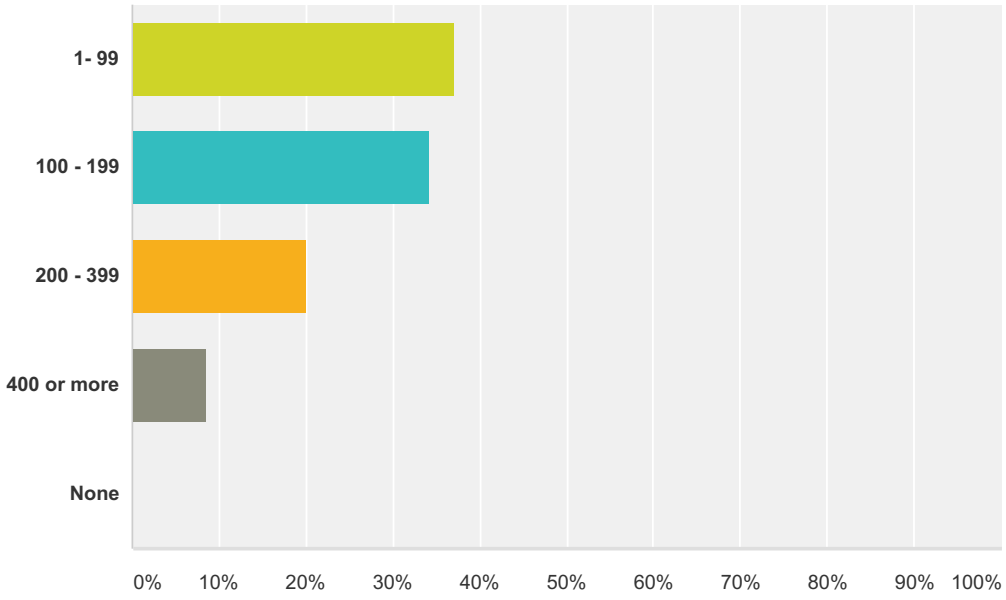
Répondues : 35 Ignorées : 0



Choix de réponses	Réponses	
1 - 99	**28,57%**	10
100 - 199	**5,71%**	2
200 - 399	**31,43%**	11
400 or more	**31,43%**	11
None	**2,86%**	1
Total		**35**

Q6 Number of ICD Implantations (Sum of new implants and replacements) at your institution last calendar year :

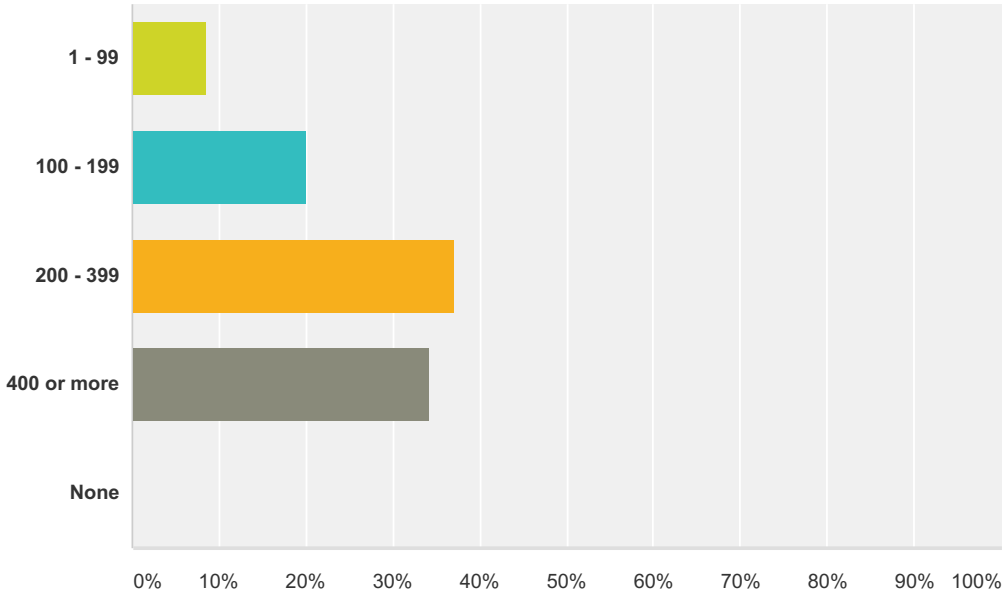
Répondues : 35 Ignorées : 0



Choix de réponses	Réponses	
1- 99	**37,14%**	13
100 - 199	**34,29%**	12
200 - 399	**20,00%**	7
400 or more	**8,57%**	3
None	**0,00%**	0
Total		**35**

Q7 Number of number of pacemaker implantations (sum of new implants and replacements) at your institution last calendar year :

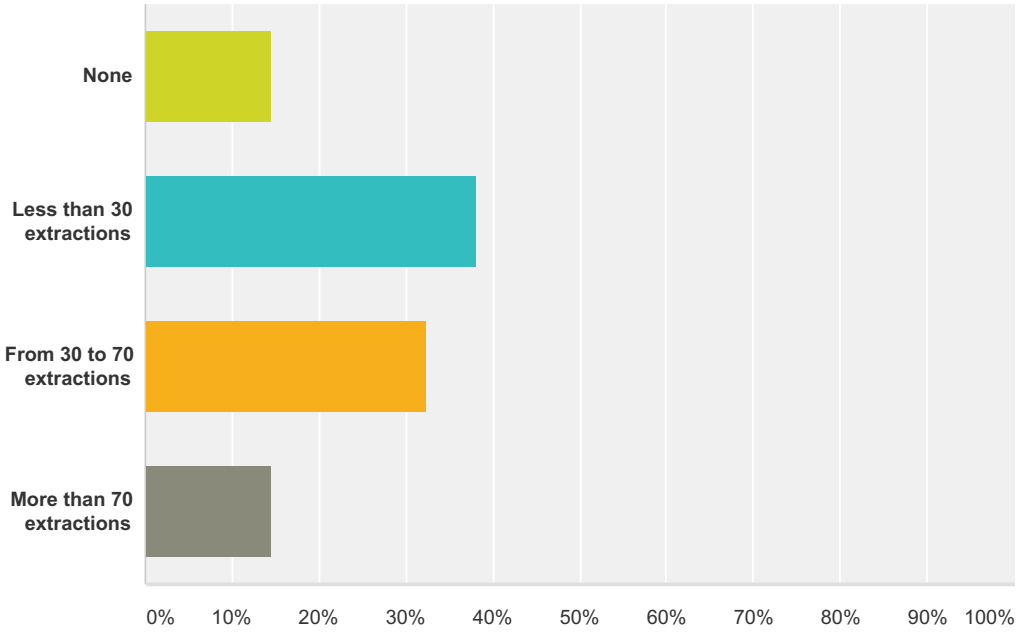
Répondues : 35 Ignorées : 0



Choix de réponses	Réponses	
1 - 99	**8,57%**	3
100 - 199	**20,00%**	7
200 - 399	**37,14%**	13
400 or more	**34,29%**	12
None	**0,00%**	0
Total		**35**

Q8 How many lead extraction do you perform per year?

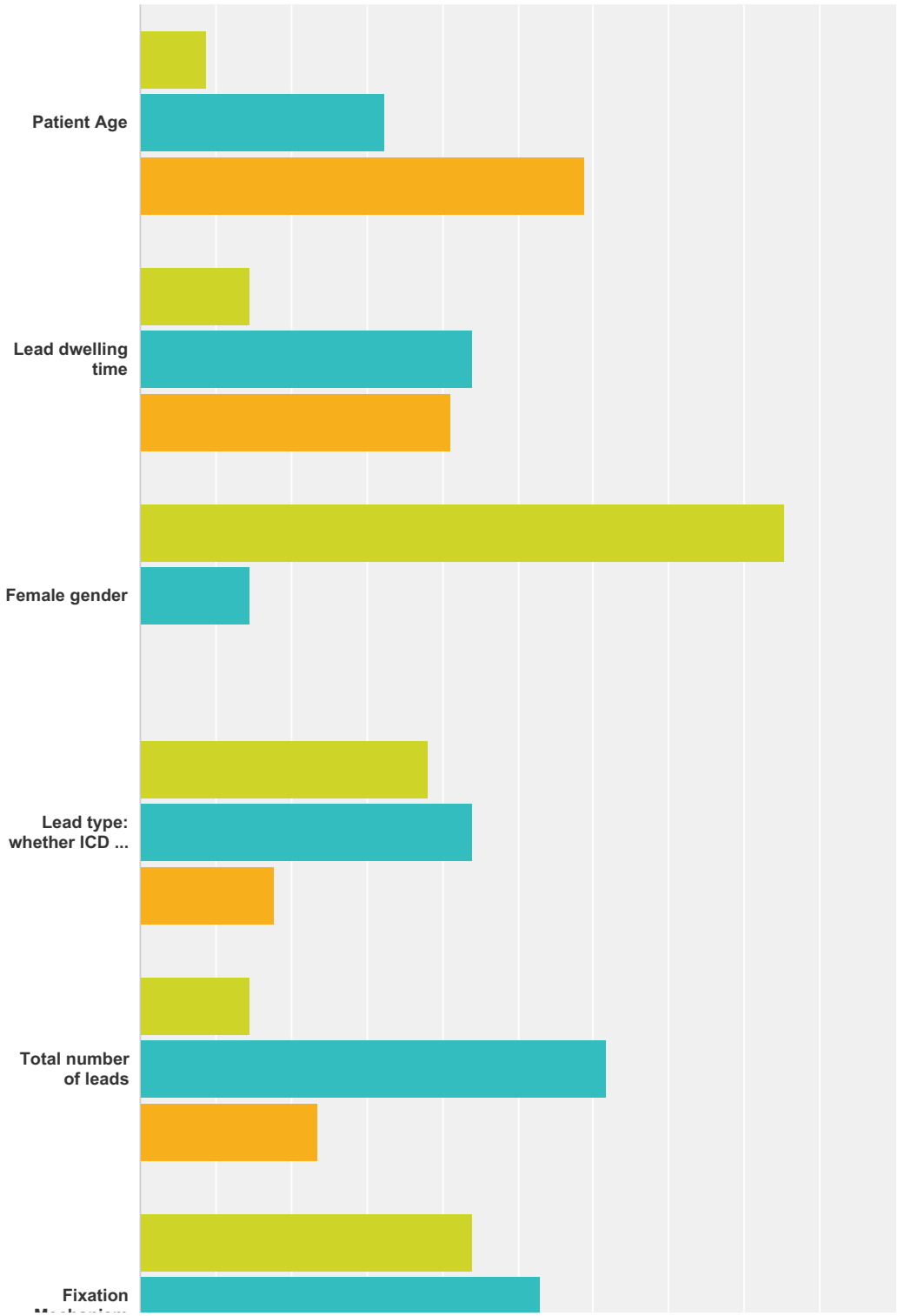
Répondues : 34 Ignorées : 1

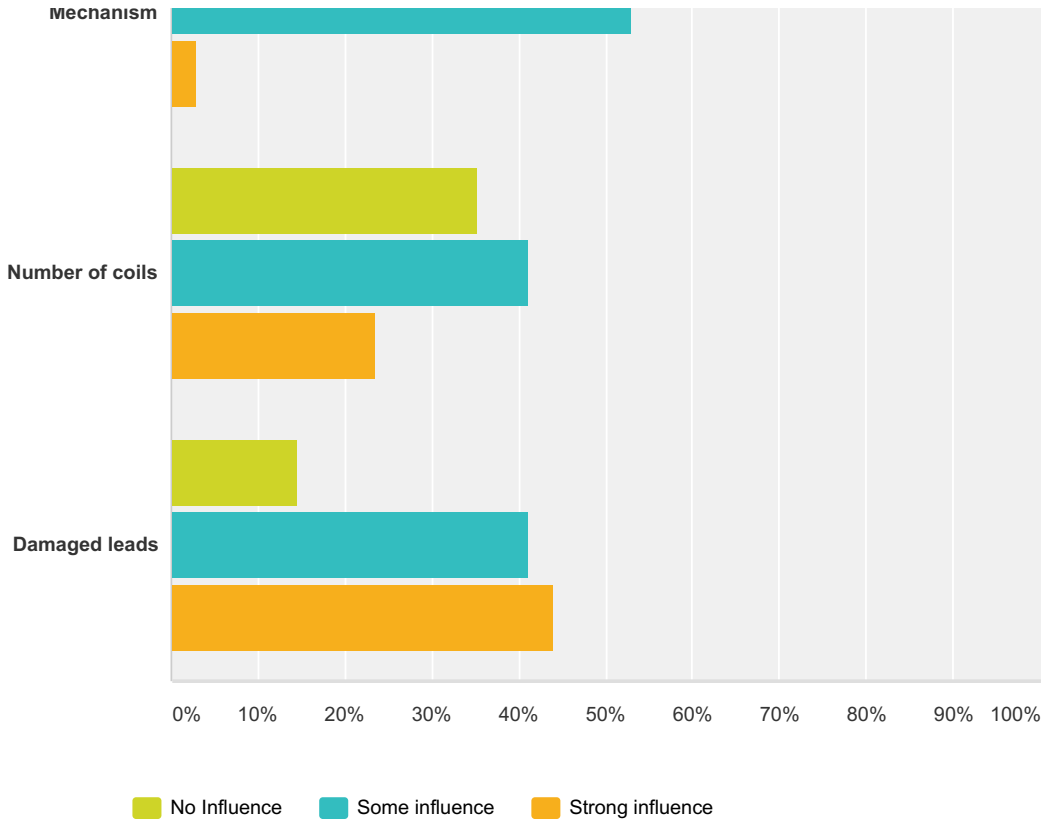


Choix de réponses	Réponses	
None	**14,71%**	5
Less than 30 extractions	**38,24%**	13
From 30 to 70 extractions	**32,35%**	11
More than 70 extractions	**14,71%**	5
Total		**34**

Q9 Factors influencing the decision making process about lead abandonment or lead extraction: (Choose the option corresponding to the degree of influence on your decision to extract or abandon the lead.)

Répondues : 34 Ignorées : 1

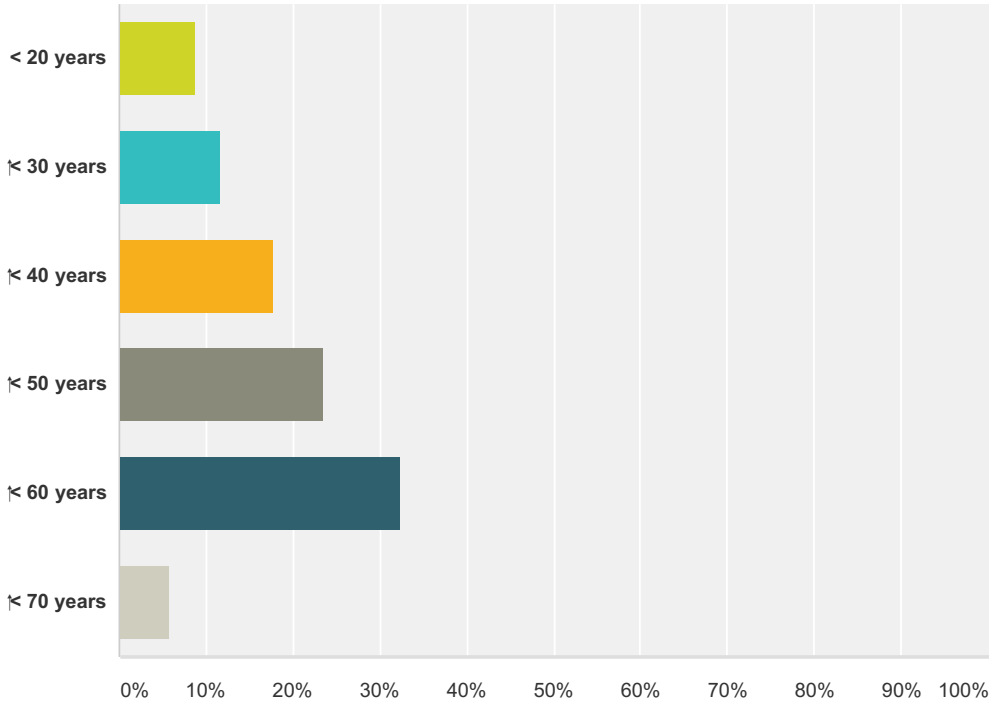




	No Influence	Some influence	Strong influence	Total
Patient Age	**8,82%** 3	**32,35%** 11	**58,82%** 20	34
Lead dwelling time	**14,71%** 5	**44,12%** 15	**41,18%** 14	34
Female gender	**85,29%** 29	**14,71%** 5	**0,00%** 0	34
Lead type: whether ICD or PM	**38,24%** 13	**44,12%** 15	**17,65%** 6	34
Total number of leads	**14,71%** 5	**61,76%** 21	**23,53%** 8	34
Fixation Mechanism	**44,12%** 15	**52,94%** 18	**2,94%** 1	34
Number of coils	**35,29%** 12	**41,18%** 14	**23,53%** 8	34
Damaged leads	**14,71%** 5	**41,18%** 14	**44,12%** 15	34

Q10 Which age do you regard as young in lead management perspective?

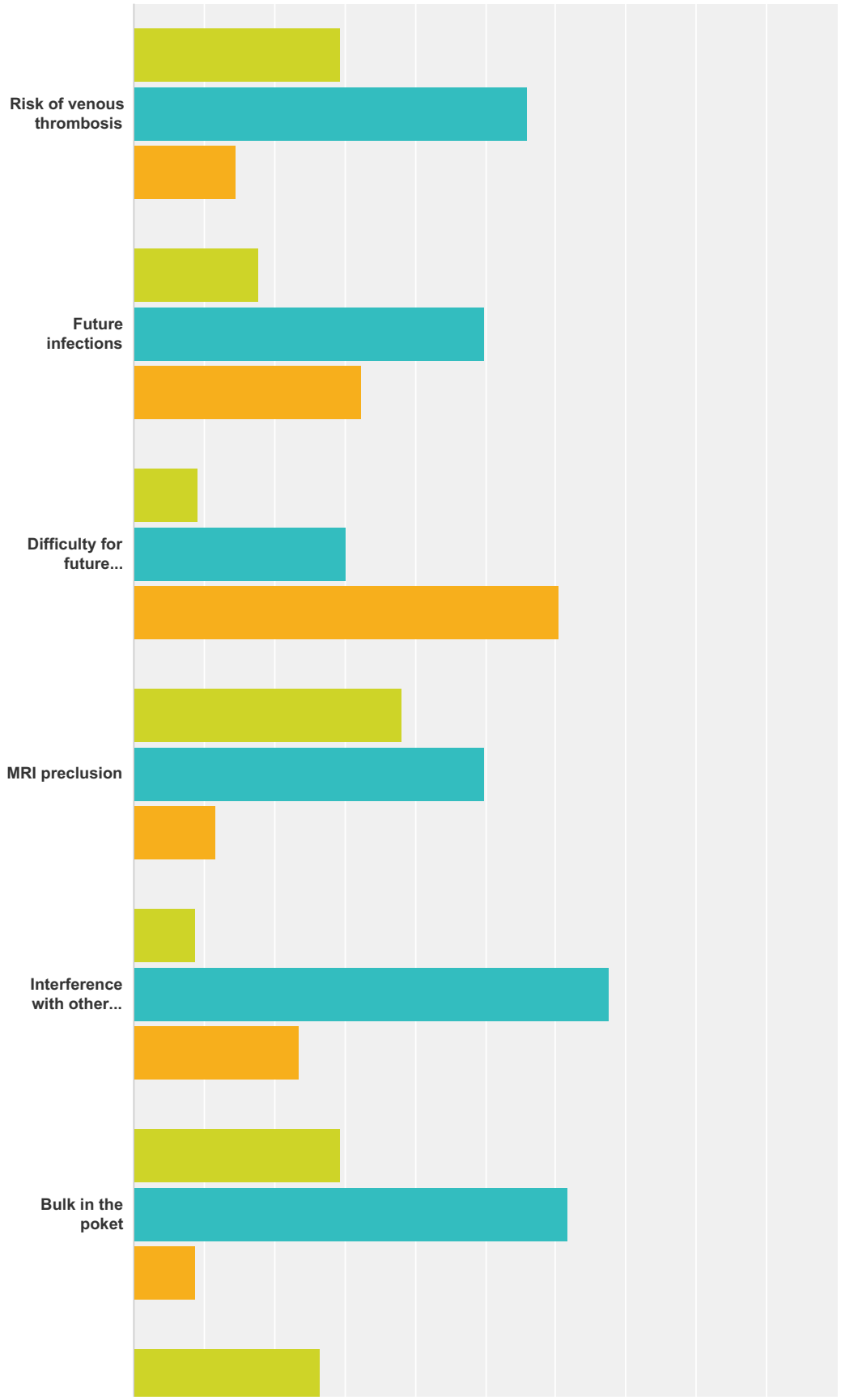
Répondues : 34 Ignorées : 1

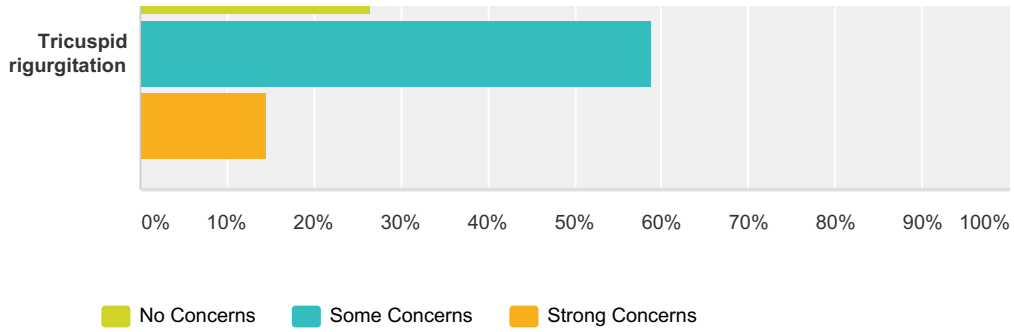


Choix de réponses	Réponses	
< 20 years	**8,82%**	3
⩽ 30 years	**11,76%**	4
⩽ 40 years	**17,65%**	6
⩽ 50 years	**23,53%**	8
⩽ 60 years	**32,35%**	11
⩽ 70 years	**5,88%**	2
Total		**34**

Q11 Concerns about lead abandonment

Répondues : 34 Ignorées : 1

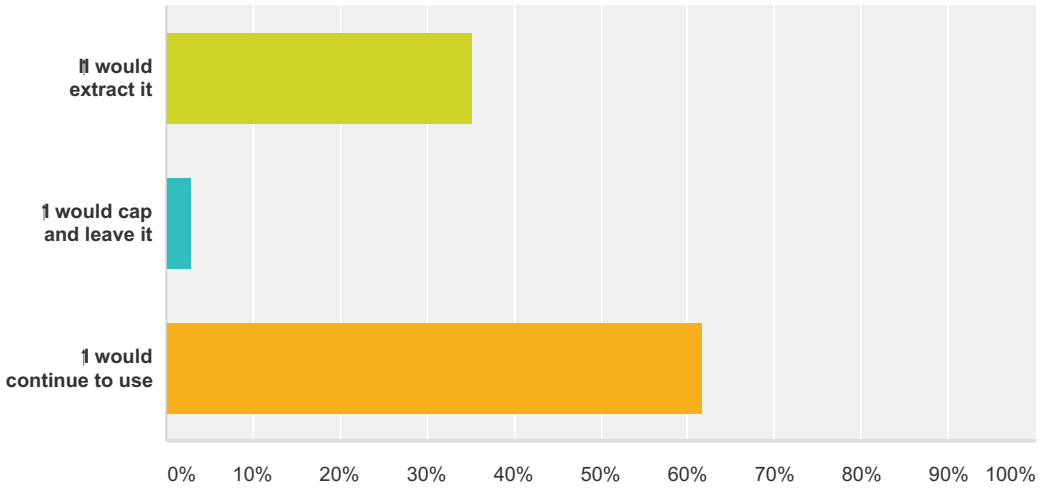




	No Concerns	Some Concerns	Strong Concerns	Total
Risk of venous thrombosis	**29,41%** 10	**55,88%** 19	**14,71%** 5	34
Future infections	**17,65%** 6	**50,00%** 17	**32,35%** 11	34
Difficulty for future extraction	**9,09%** 3	**30,30%** 10	**60,61%** 20	33
MRI preclusion	**38,24%** 13	**50,00%** 17	**11,76%** 4	34
Interference with other leads	**8,82%** 3	**67,65%** 23	**23,53%** 8	34
Bulk in the poket	**29,41%** 10	**61,76%** 21	**8,82%** 3	34
Tricuspid rigurgitation	**26,47%** 9	**58,82%** 20	**14,71%** 5	34

Q12 How would you manage a functional Sprint Fidelis lead without any indication of lead problem at time of generator replacement in a 26 years old men with normal life expectancy.

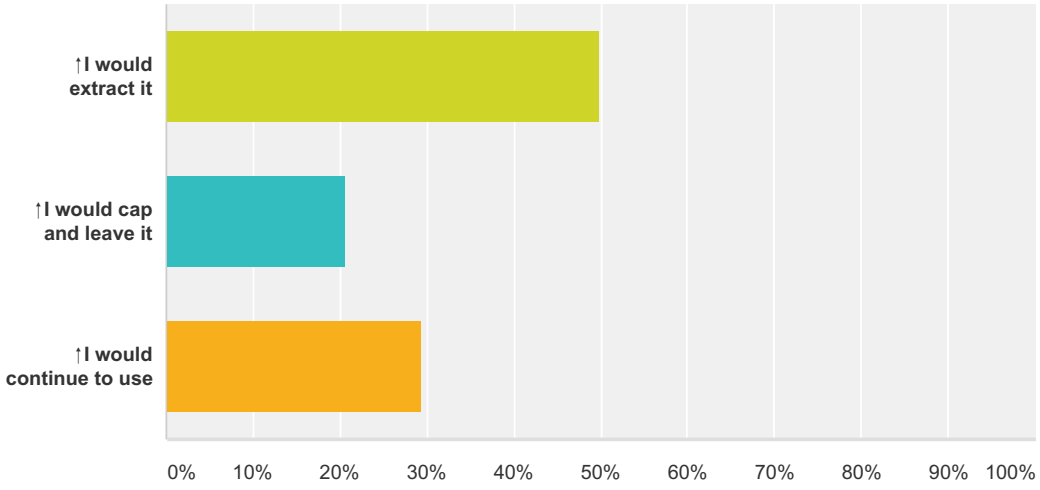
Répondues : 34 Ignorées : 1



Choix de réponses	Réponses	
I would extract it	**35,29%**	12
I would cap and leave it	**2,94%**	1
I would continue to use	**61,76%**	21
Total		**34**

Q13 How would you manage a functional externalized 1570 Riata lead at time of generator replacement in a 26 years old men with normal life expectancy

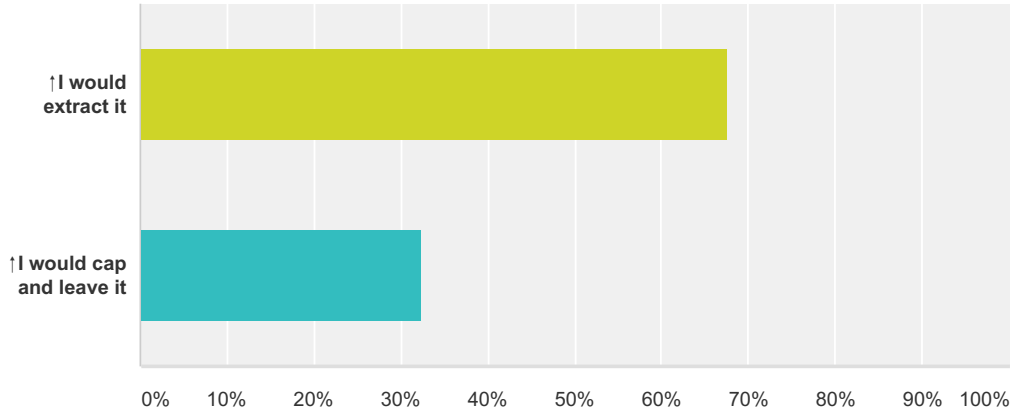
Répondues : 34 Ignorées : 1



Choix de réponses	Réponses	
↑I would extract it	**50,00%**	17
↑I would cap and leave it	**20,59%**	7
↑I would continue to use	**29,41%**	10
Total		**34**

Q14 How would you manage a malfunctioning 1570 Riata lead without externalization implanted 8 years ago in a 50 years old men with normal life expectancy .

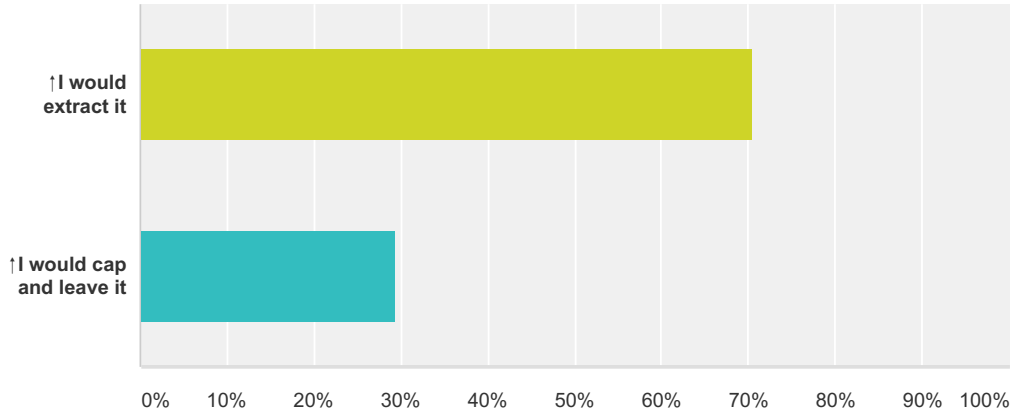
Répondues : 34 Ignorées : 1



Choix de réponses	Réponses	
↑I would extract it	**67,65%**	23
↑I would cap and leave it	**32,35%**	11
Total		**34**

Q15 How would you manage a malfunctioning Sprint Fidelis implanted 8 years ago in a 50 years old man with normal life expectancy.

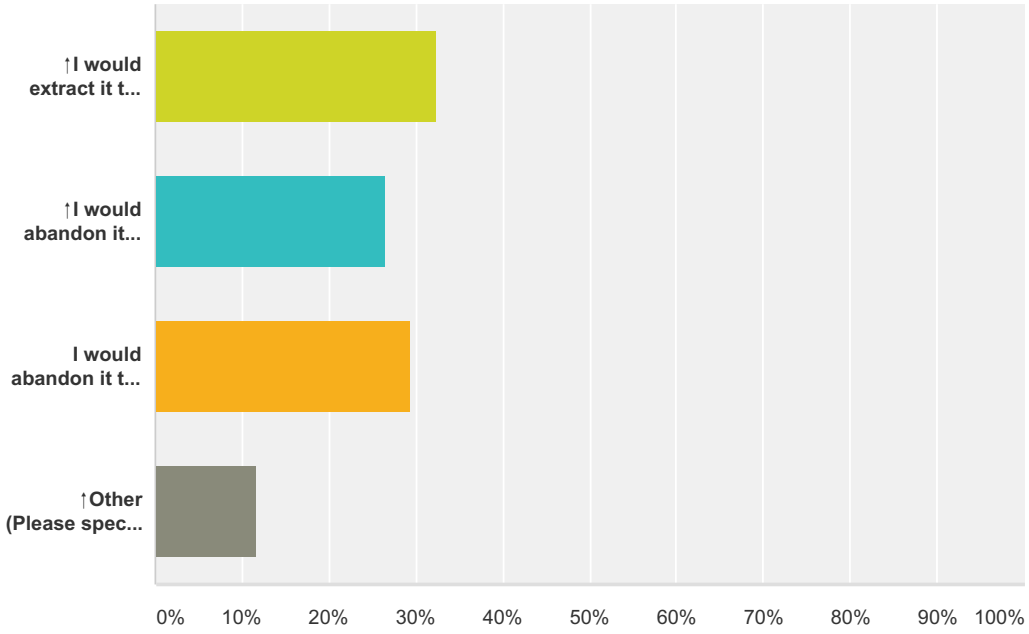
Répondues : 34 Ignorées : 1



Choix de réponses	Réponses	
↑I would extract it	**70,59%**	24
↑I would cap and leave it	**29,41%**	10
Total		**34**

Q16 A pacemaker implanted 6 years ago needs to be upgraded to an ICD : A right ventricular pacing lead is functional but not being used :

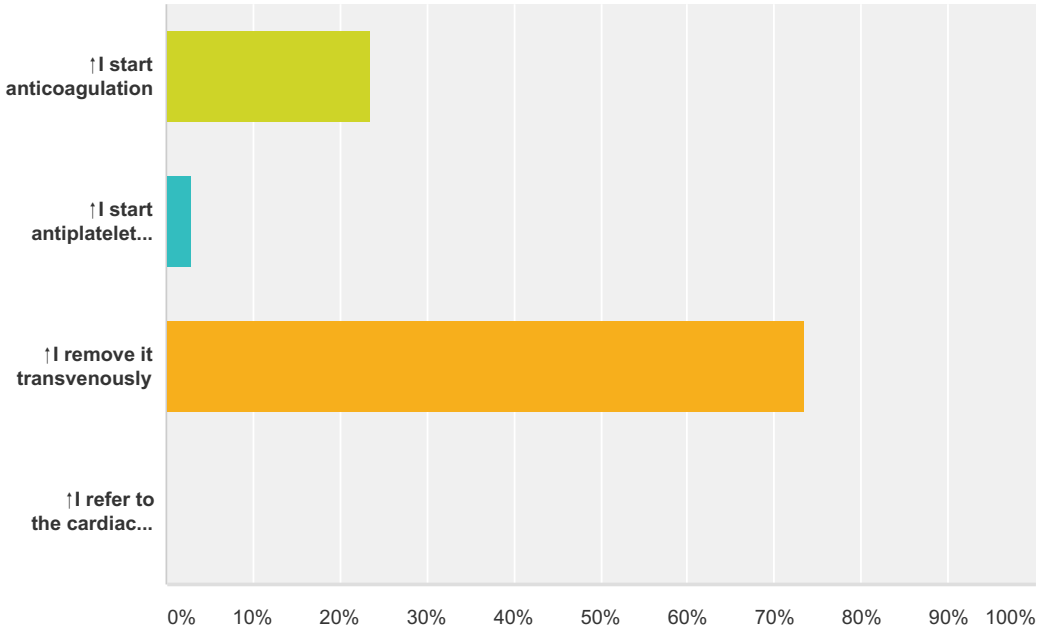
Répondues : 34 Ignorées : 1



Choix de réponses	Réponses	
↑I would extract it to avoid difficulties in case of future lead extraction	**32,35%**	11
↑I would abandon it because it would be useful in the future.	**26,47%**	9
I would abandon it to avoid complications while extracting	**29,41%**	10
↑Other (Please specify in the box below)	**11,76%**	4
Total		**34**

Q17 Two months after implantation of a pacemaker lead, an anomalous placement of the lead in the left ventricle, through a PFO is diagnosed.What is your strategy?

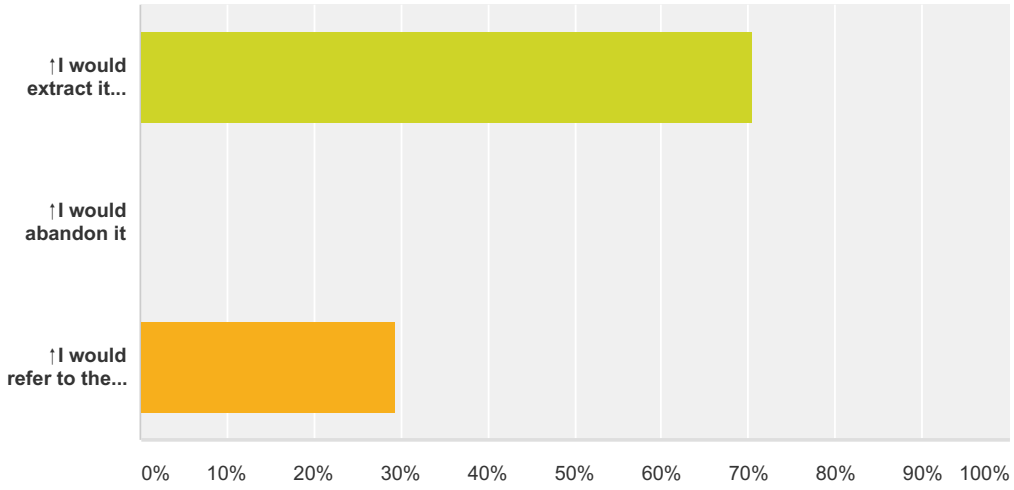
Répondues : 34 Ignorées : 1



Choix de réponses	Réponses	
↑I start anticoagulation	**23,53%**	8
↑I start antiplatelet therapy	**2,94%**	1
↑I remove it transvenously	**73,53%**	25
↑I refer to the cardiac surgeon	**0,00%**	0
Total		**34**

Q18 In case of malfunctioning pacemaker lead because of dislodgement with ventricular wall perforation

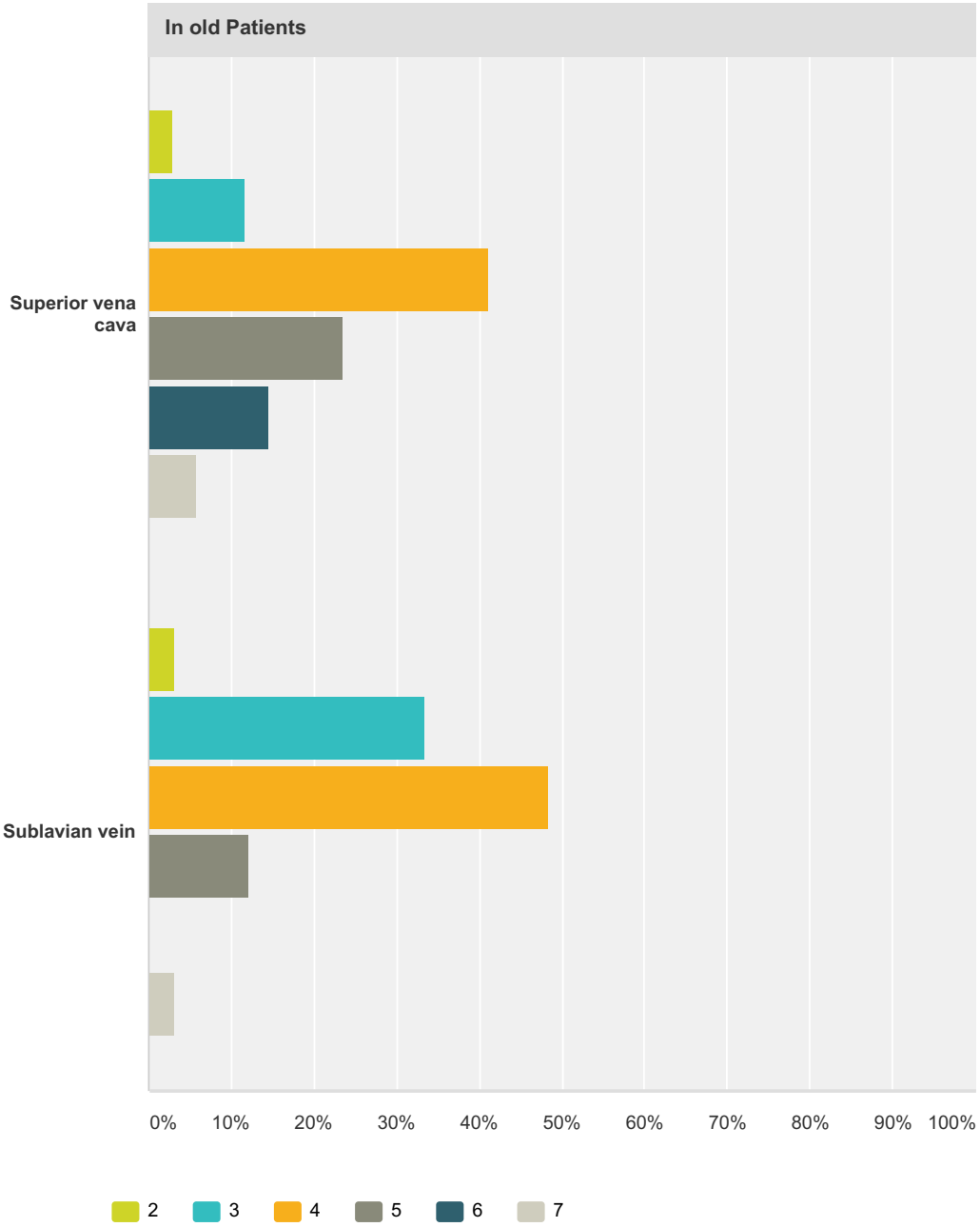
Répondues : 34 Ignorées : 1

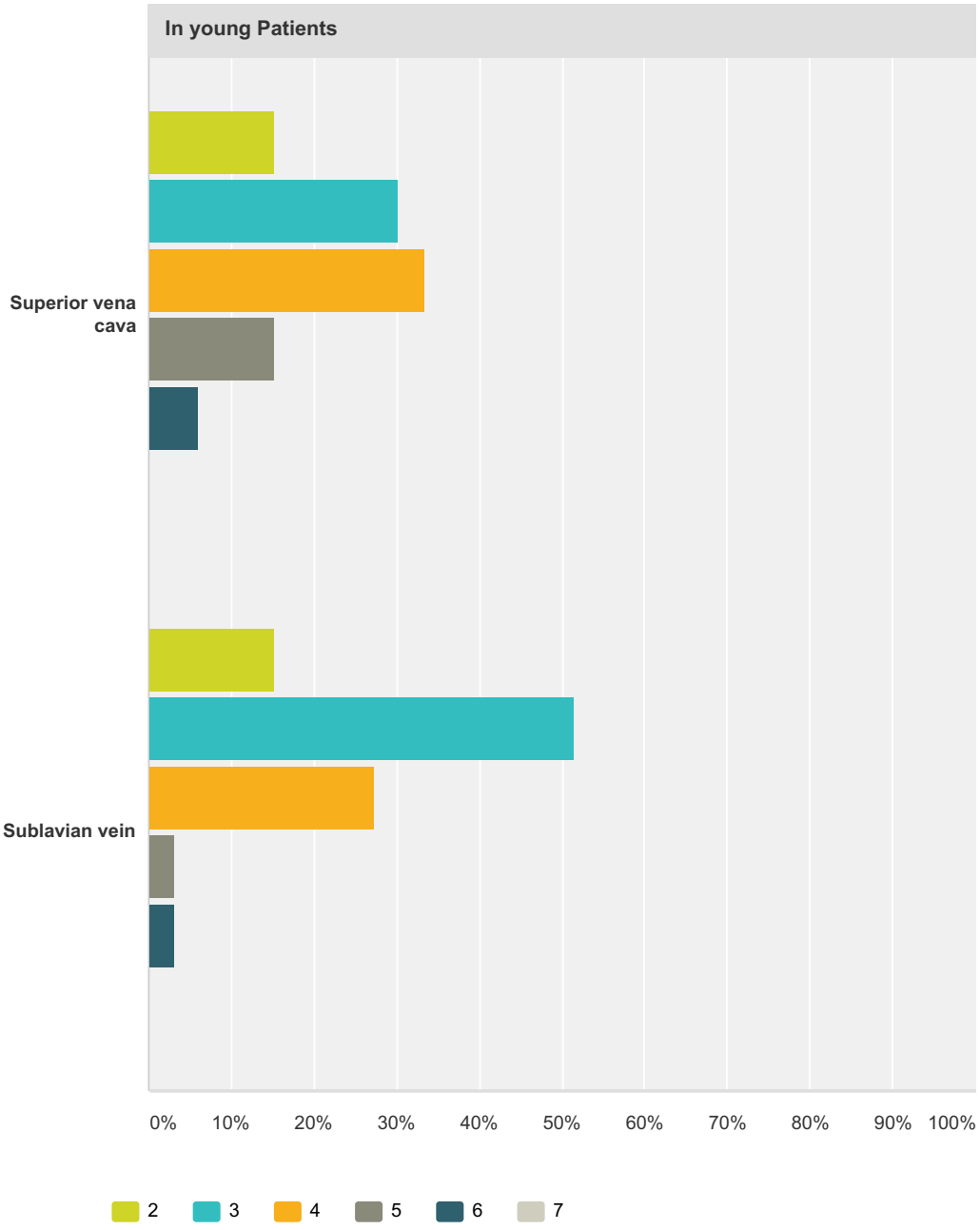


Choix de réponses	Réponses	
↑I would extract it transvenously	**70,59%**	24
↑I would abandon it	**0,00%**	0
↑I would refer to the cardiac surgeon	**29,41%**	10
Total		**34**

Q19 How many leads, in your opinion, are too many in the following veins ie which would you consider to be the upper limit for the number of electrodes implanted through a specific vein?

Répondues : 34 Ignorées : 1



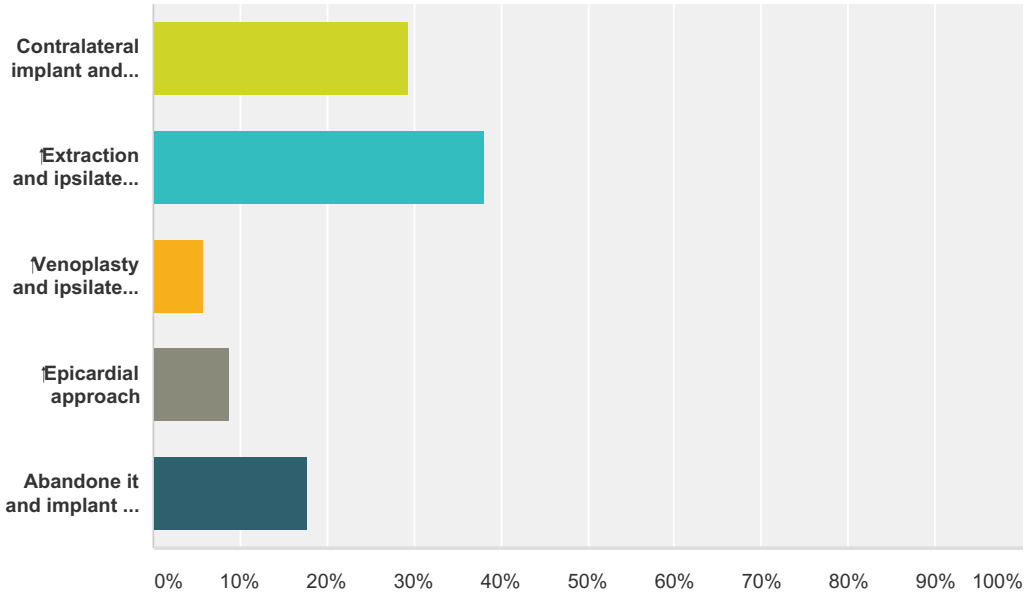


In old Patients							
	2	3	4	5	6	7	Total
Superior vena cava	**2,94%** 1	**11,76%** 4	**41,18%** 14	**23,53%** 8	**14,71%** 5	**5,88%** 2	34
Sublavian vein	**3,03%** 1	**33,33%** 11	**48,48%** 16	**12,12%** 4	**0,00%** 0	**3,03%** 1	33

In young Patients							
	2	3	4	5	6	7	Total
Superior vena cava	**15,15%** 5	**30,30%** 10	**33,33%** 11	**15,15%** 5	**6,06%** 2	**0,00%** 0	33
Sublavian vein	**15,15%** 5	**51,52%** 17	**27,27%** 9	**3,03%** 1	**3,03%** 1	**0,00%** 0	33

Q20 In case of upgrade indication and ipsilateral venous occlusion your option is :

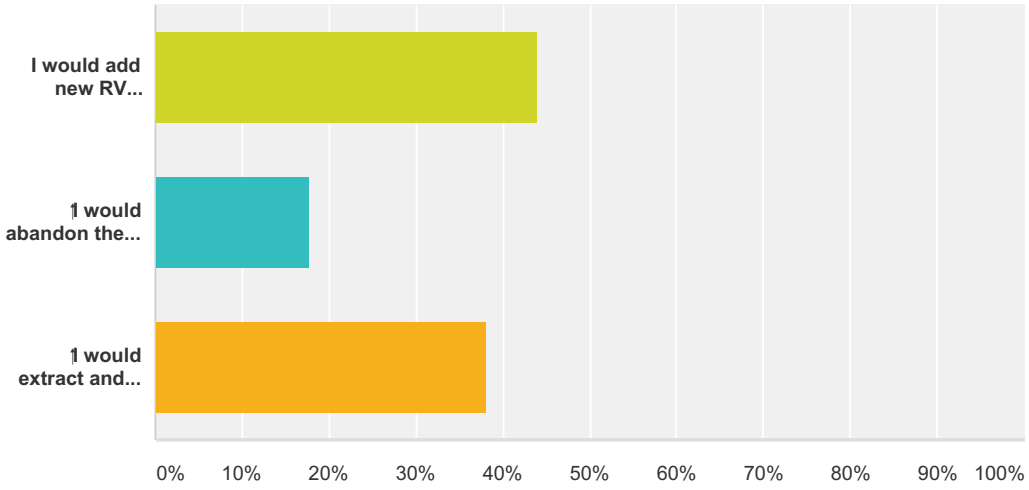
Répondues : 34 Ignorées : 1



Choix de réponses	Réponses	
Contralateral implant and tunnellization	**29,41%**	10
Extraction and ipsilateral reimplantation	**38,24%**	13
Venoplasty and ipsilateral reimplantation	**5,88%**	2
Epicardial approach	**8,82%**	3
Abandone it and implant a complete new device contralateral	**17,65%**	6
Total		**34**

Q21 A patient has a DF1/IS1 ICD lead with failure of RV pacing /sensing. How do you manage?

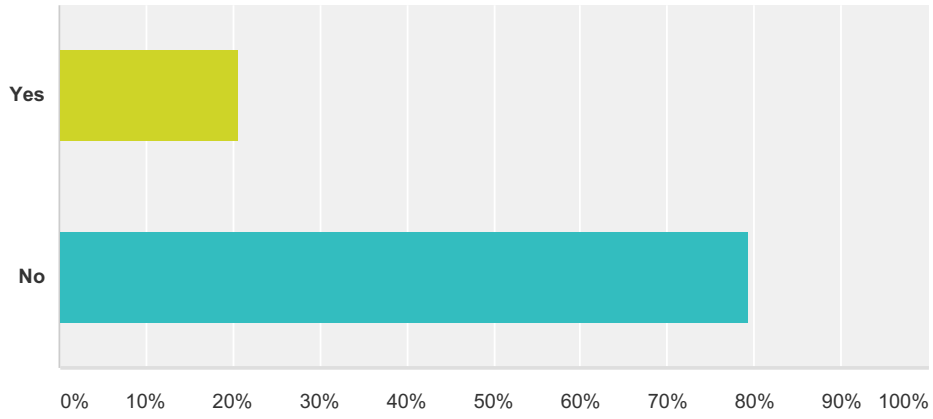
Répondues : 34 Ignorées : 1



Choix de réponses	Réponses	
I would add new RV pacing/sensing lead	**44,12%**	15
I would abandon the lead and implant a new ICD lead	**17,65%**	6
I would extract and implant a new ICD lead	**38,24%**	13
Total		**34**

Q22 Is it reasonable to accept a patient request to extract a functioning transvenous single chamber ICD and implant a subcutaneous ICD for primary prevention of sudden death in absence of pacing need or ATP?

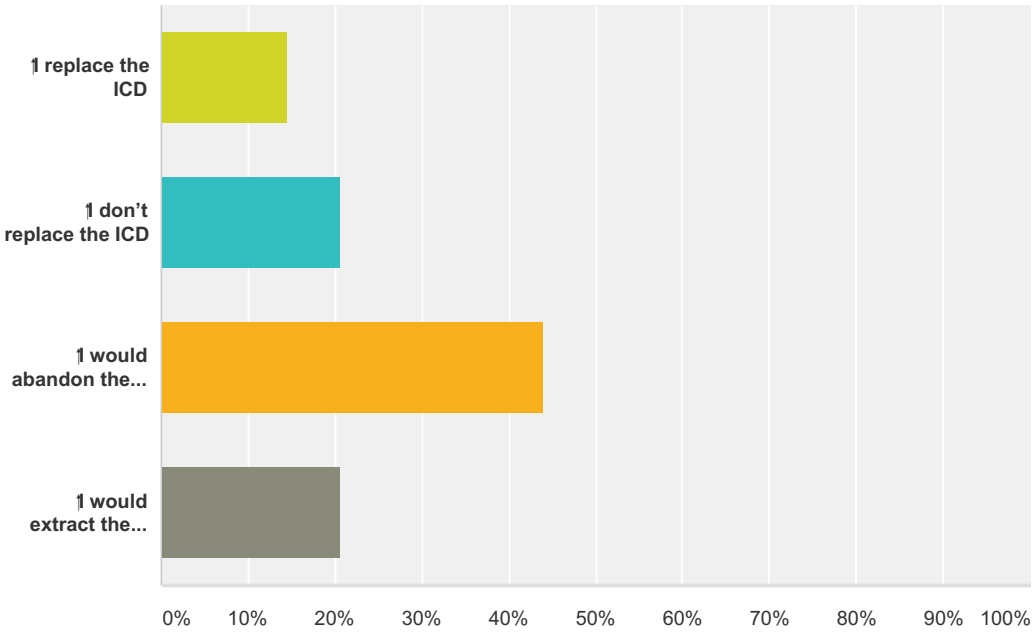
Répondues : 34 Ignorées : 1



Choix de réponses	Réponses	
Yes	**20,59%**	7
No	**79,41%**	27
Total		**34**

Q23 A 35 years old patient with an EOL single chamber ICD implanted 8 years ago for primary prevention with current class III indications comes to your attention: in absence of appropriate therapy, how do you manage?

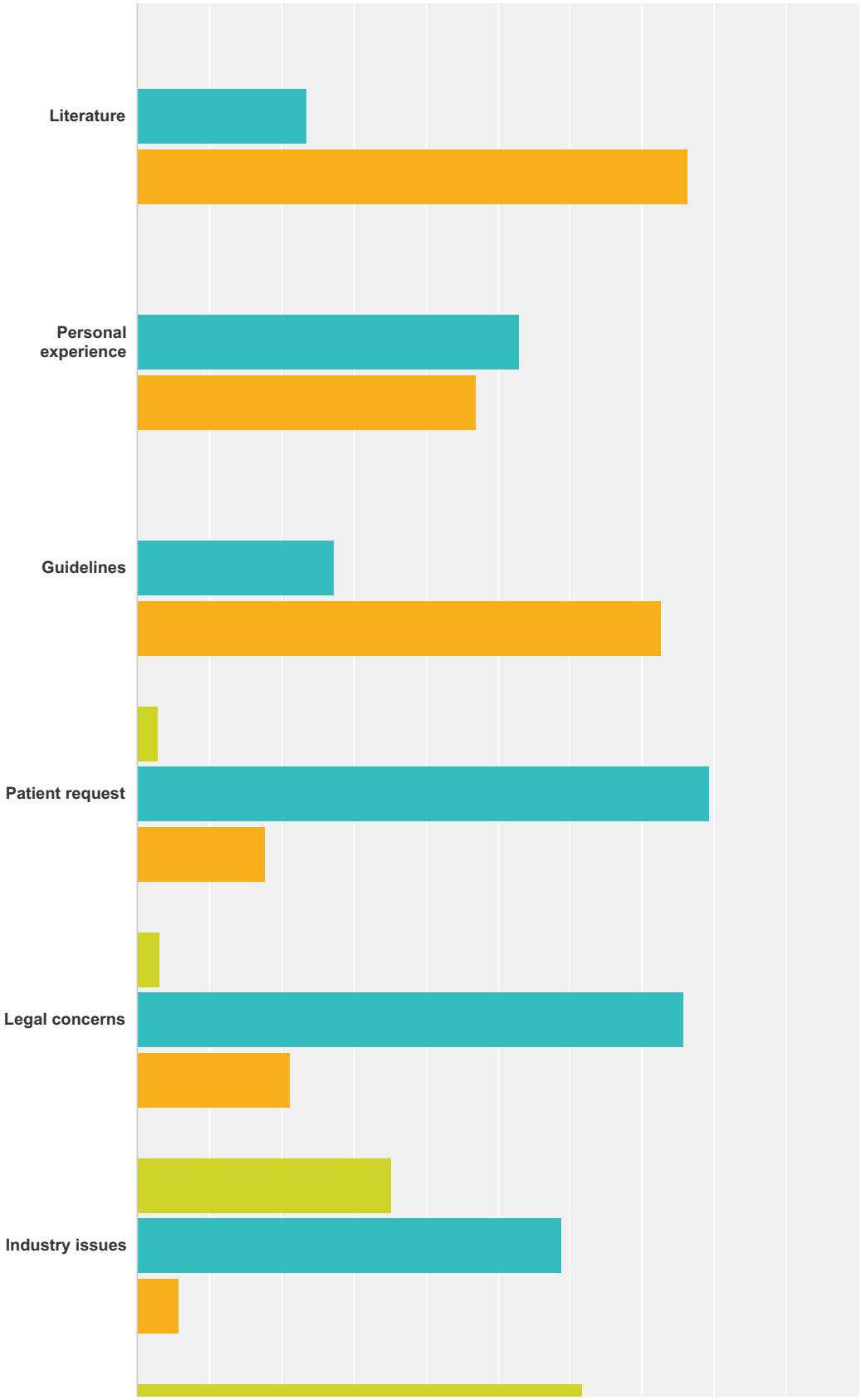
Répondues : 34 Ignorées : 1

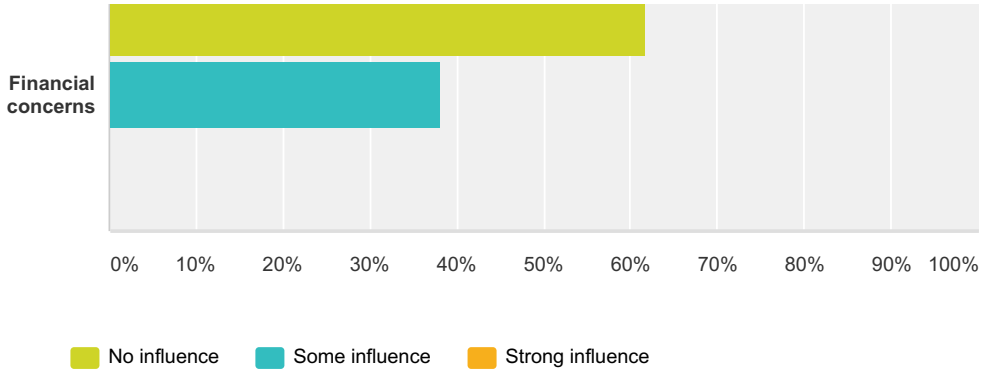


Choix de réponses	Réponses	
I replace the ICD	**14,71%**	5
I don't replace the ICD	**20,59%**	7
I would abandon the lead and remove the ICD	**44,12%**	15
I would extract the whole system (lead + ICD)	**20,59%**	7
Total		**34**

Q24 Factors influencing your strategy in lead recall management

Répondues : 34 Ignorées : 1





	No influence	Some influence	Strong influence	Total
Literature	**0,00%** 0	**23,53%** 8	**76,47%** 26	34
Personal experience	**0,00%** 0	**52,94%** 18	**47,06%** 16	34
Guidelines	**0,00%** 0	**27,27%** 9	**72,73%** 24	33
Patient request	**2,94%** 1	**79,41%** 27	**17,65%** 6	34
Legal concerns	**3,03%** 1	**75,76%** 25	**21,21%** 7	33
Industry issues	**35,29%** 12	**58,82%** 20	**5,88%** 2	34
Financial concerns	**61,76%** 21	**38,24%** 13	**0,00%** 0	34