

The Influence of Heart Failure Unit on the Volume of Electrophysiology Procedure

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Background: Although MADIT indication for primary prevention in patients with coronary artery disease and reduced left ventricular function is an established Class 1 indication for ICD implantation its implementation is referral dependant. The same is true for resynchronization therapy. The purpose of this study was to evaluate the influence of a new heart failure unit on these two electrophysiology procedures.

Methods: The number of ICD and CRT implantation during 6 years was evaluated using our ICD database. The number of electrophysiology studies and ICD implantation as a consequence was also evaluated.

Results: The Heart Failure Unit was opened in 2007. The data on the number of ICD and CRT implantation between 2003 and 2008 is summarized in the table:

Year	ICD	CRT	CRTD	CRTP	EP NSVT	EP Syncope
2003	57	2	0	2	18	10
2004	57	3	1	2	12	10
2005	44	8	4	4	6	14
2006	50	1	1	0	5	17
2007	66	17	17	0	11	12
2008	114*	39*	31*	8*	31*	3

Significant increase ($p > 0.0001$)

There is significant increase in the volume of ICD, CRT and MADIT indication EPS in 2007 and 2008 parallel with the opening of the Heart Failure Center.

Conclusions: Organized and systematic referral of patients with heart failure and non-sustained VT to electrophysiology study and for CRTD implantation increased significantly the ICD and CRT implantation. These procedures are referral dependent.