

Lead Management

Cost of CIED infection Patient outcomes and economic burden

CIED infection is rising rapidly, outpacing the rate of implantation, growing 320% in just 10 years.^{1,2}

A proactive lead management program to identify and treat these patients is vital. Early treatment of CIED infection by removing all hardware – including leads – saves lives, reduces length of hospital stay and controls costs.¹ More than **6 in 10** patients are treated with antibiotics only or not at all.³



Patients can pay a lethal price when treated with antibiotics alone.

Patient mortality and relapse rates show that antibiotic treatment practice is not working.³ Immediate system removal is associated with a three-fold decrease in one-year mortality as compared to preliminary antibiotic treatment and delayed system removal.⁷



An enormous economic burden

on hospitals and the healthcare system.^{1,2}

Payments eliminated

CMS no longer pays for additional costs of treating infections and will only pay for original surgery.¹⁵ Quickly diagnosing CIED infection and extracting all hardware is vital to reducing hospital costs.

\$52,000 – \$146,000 Cost of single CIED

infection patient.6,14

\$72,000

Average cost of a hospital-acquired infection.⁶

Early removal reduces length of hospital stay and increases survival.¹⁶

Timing of lead removal

	<10 days	>10 days
Length of hospital stay (days)	18±13	44±38
Survival (at one year)	83.1%	66.1%

\$56,470*

Potential treatment cost with delayed treatment.

*Difference between average hospital days (x) \$2,157 average inpatient per day hospital cost (U.S)

Safe, predictable results with laser lead extraction.



*The LExiCon study reports a procedural MAE rate of 1.4% as defined by the 2000 NASPE Policy Statement. However, 0.3% (n=4) of the MAEs were bleeding requiring transfusion which is no longer defined as a MAE by the 2009 HRS Expert Consensus Document.



Multiple clinical studies demonstrate predictable clinical success rates of 97.7% in lead removal,^{12,18} with only 1.4% of patients experiencing major adverse events during laser lead extraction.¹²

The Bridge occlusion balloon has improved SVC tears survival from 56.4% to 88.2% when properly utilized. SVC tears are rare, but are the most common adverse event in lead extraction.¹²

GlideLight laser sheath important safety information

GlideLight laser sheath is intended for use with other lead extraction tools in patients who are suitable candidates for removal of implanted pacemaker and defibrillator leads. The use of GlideLight laser sheath may be unsafe in some patients, or with certain leads, or when the leads cannot be extracted through the superior veins (that is, when groin or surgical extraction is required). Rarely a patient undergoing lead extraction may require urgent surgical treatment for a complication; therefore, patients should not undergo lead extraction with a laser sheath in centers where emergency surgical procedures cannot be performed. Leads not intended for extraction may be damaged during the procedure and may require replacement. Ask your doctor if you are a candidate for lead extraction with GlideLight laser sheath. Potential minor adverse events associated with lead extraction procedures that may or may not require medical or surgical treatment include: a tear or damage to the blood vessels, the heart or its structures; bleeding at the surgical site; or collapsed lung. Rare but serious adverse events that require emergency medical or surgical procedures may include: a tear or damage to the blood vessels, the heart, lungs or their structures; blood clot or obstruction of the blood vessels or lungs by debris or lead fragments. Other serious complications may include: irregular heartbeat, weakened heart muscle, infection, respiratory failure or complications associated with and risks of this procedure provider on the benefits and risks of this procedure to you.

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