

## Chapter 4

# TRANSVENOUS PACING

### Indications

- Sinus node dysfunction
- Unstable atrioventricular (A–V) nodal block

### Contraindications

- Any central line contraindication (e.g., thrombocytopenia, coagulopathy)
- Hyperkalemia
- Prosthetic tricuspid valve
- Hypothermia

### Tools



Wire



Pacerbox



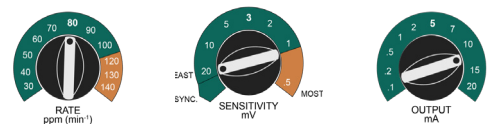
Adapter



Introducer catheter

### Procedure

1. Place introducer in right internal jugular vein
2. Turn on pacer
3. Connect to adapter, then connect to wire (positive to proximal)
4. Test balloon, feed wire through sheath, then introducer
5. Advance wire to 20 cm
6. Inflate balloon and advance until you see electrical capture
7. Deflate balloon and lock wire
8. Confirm mechanical capture (with pulse oximeter, or by measuring pulse)
9. Decrease output to minimal needed to pace and increase sensitivity to 3 mV



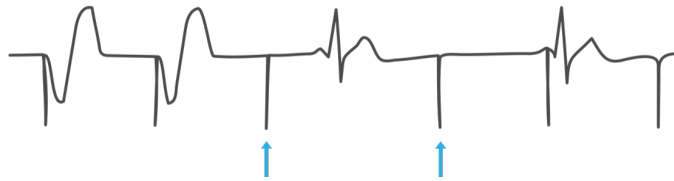
Rate 80, sensitivity turned down, output > 10 mA



Electrical capture

## Troubleshooting

### Failure to capture



Potential problems	Potential solutions
Wire not touching ventricle wall	Reposition wire
Output too low	Increase output
Hyperkalemia	Fix electrolytes

### Failure to sense



Potential problems	Potential solutions
Sensitivity too low	Increase sensitivity

### Failure to pace



Potential problems	Potential solutions
Oversensing	Decrease sensitivity
Low battery	Replace battery
Loose connection	Replace lead or fix connection