



# Cardiac pacemakers in medicine

Who qualifies for a pacemaker?

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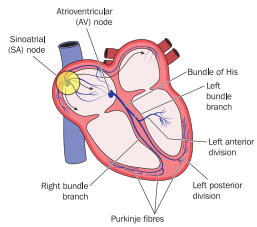
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<b>Class I</b>	Pacing is indicated when symptoms can clearly be attributed to bradycardia.
<b>Class IIb</b>	Pacing may be indicated when symptoms are likely to be due to bradycardia, even if the evidence is not conclusive.

## Sinus bradycardia

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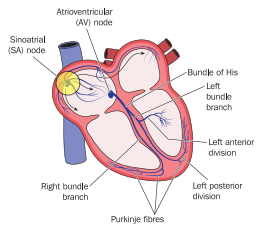
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<b>Class I</b>	Pacing is indicated in patients affected by sinus node disease who have the documentation of symptomatic bradycardia due to sinus arrest or sinoatrial block.
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## Sinus pause / arrest

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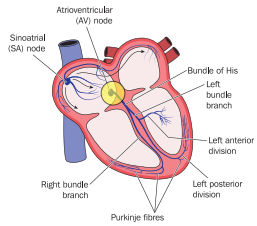
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<b>Class I</b>	Pacing is indicated in patients with 2nd degree AV block Mobitz II and 3rd degree AV block irrespective of symptoms.
<b>Class IIa</b>	Pacing should be considered in patients with 2nd degree AV block Mobitz I that causes symptoms or is found to be located at intra- or infra-His levels at EPS.

### Intermittent or persistent AV block

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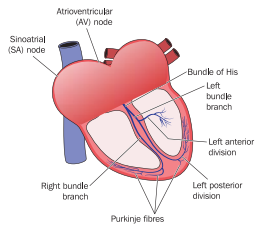
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<b>Class I</b>	Pacing is indicated in atrial fibrillation with a slow symptomatic ventricular rate.
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### Atrial fibrillation

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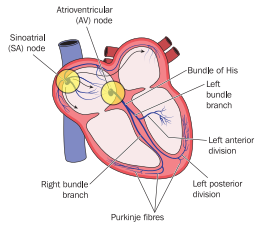
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<b>Class IIa</b>	Pacing should be considered in patients $\geq 40$ years with syncope and documented symptomatic pause/s due to sinus arrest or AV block or the combination of the two.
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### Cardioinhibitory syncope

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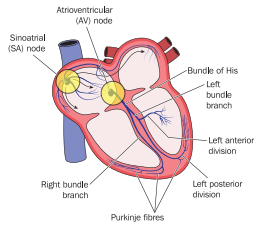
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**Class IIa**

Pacing should be considered in patients with a history of syncope and documentation of asymptomatic pauses >6s due to sinus arrest, sino-atrial block or AV block.

**Asymptomatic**

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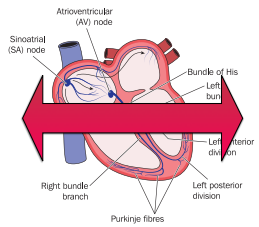
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**Class III**

Pacing is not indicated in reversible causes of bradycardia.

**Reversible?**

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**Takeaway message**



This is **not an exhaustive** list of pacemaker indications. The comprehensive guidelines are regularly published in the **European Heart Journal**.

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