



Hospital _____

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Name _____	ID _____
First name _____	Date of birth _____
Address _____	Sex <input type="radio"/> m <input type="radio"/> f
_____	Phone _____
Country _____	

Inclusion criteria

- Planned extraction procedure for at least one transvenous lead with dwell duration ≥ 12 months or use of dedicated extraction tools (locking stylet, sheath, snare etc)

Existing device prior to extraction

- Date of last device operation _____ Overall number of prior device operations _____
- Type of currently implanted device PM ICD Number of currently implanted intravasc. leads _____
- Active RA lead Active RV lead Active CS lead
- Active conduction system lead Active epicardial lead (s)
- Prior device upgrade
- Underlying rhythm ≥ 40 /min yes no

Prior to extraction			
Clinical characteristics			
Height _____ cm	Weight _____ kg		
<input type="checkbox"/> Atrial Fibrillation			
Chronic renal insufficiency (GFR < 60 ml/min.) <input type="radio"/> none <input type="radio"/> yes <input type="radio"/> hemodialysis			
Comorbidities			
<input type="checkbox"/> COPD	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Prior cardiac surgery <input type="checkbox"/> Venous occlusion
CMP [] [] [] CMP other details (if 99 = other) _____			
Echocardiography			
LVEF _____ %			
<input type="checkbox"/> Vegetation			
Tricuspid valve insufficiency <input type="radio"/> none <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe			
Medication			
Antiaggregation <input type="radio"/> none <input type="radio"/> single <input type="radio"/> dual			
Anticoagulation <input type="radio"/> none <input type="radio"/> NOAC interrupted >48h <input type="radio"/> NOAC continued			
<input type="radio"/> VKA interrupted <input type="radio"/> VKA continued			
<input type="checkbox"/> Heparin bridging			

Lead extraction general information			
Date of intervention _____			
Indication for lead extraction [] [] [] Indication other details (if 99 = other) _____			
Setting <input type="radio"/> EP lab <input type="radio"/> Hybrid OR <input type="radio"/> OR			
Anesthesia <input type="radio"/> conscious sedation <input type="radio"/> intubation			
TEE <input type="radio"/> none <input type="radio"/> in room <input type="radio"/> in situ			
Cardiac surgeon <input type="radio"/> none <input type="radio"/> informed & stand-by <input type="radio"/> in the OR			
<input type="radio"/> planned as hybrid procedure			
Heart lung machine <input type="radio"/> none <input type="radio"/> informed & stand-by <input type="radio"/> in the OR			
Bridge occlusion balloon <input type="radio"/> none <input type="radio"/> prep kit <input type="radio"/> balloon in situ <input type="radio"/> balloon deployed			
Additional intervention during lead extraction [] [] []			
Additional intervention other details (if 99 = other) _____			
Re-implantation system <input type="radio"/> none <input type="radio"/> temporary <input type="radio"/> permanent transvenous			
<input type="radio"/> permanent leadless <input type="radio"/> permanent epicardial			
Re-implantation device <input type="radio"/> none <input type="radio"/> temporary <input type="radio"/> PM <input type="radio"/> ICD <input type="radio"/> S-ICD <input type="radio"/> leadless			
Re-implantation electrode <input type="radio"/> none <input type="radio"/> temporary <input type="radio"/> VVI <input type="radio"/> DDD <input type="radio"/> CRT <input type="radio"/> leadless			
Use of antibiotic envelope <input type="radio"/> no <input type="radio"/> yes			
Operator 1 _____ Operator 2 _____			
Total procedure time _____ min Total fluoro time _____ min Total fluoro dose _____ cGy x cm ²			

Details on leads targeted for extraction

Number of leads targeted for extraction _____

	Lead 1	Lead 2	Lead 3	Lead 4	Lead 5
Date of implant	_____	_____	_____	_____	_____
Serial number	_____	_____	_____	_____	_____
Manufacturer	_____	_____	_____	_____	_____
Model	_____	_____	_____	_____	_____
Fixation	<input type="radio"/> active <input type="radio"/> passive	<input type="radio"/> active <input type="radio"/> passive	<input type="radio"/> active <input type="radio"/> passive	<input type="radio"/> active <input type="radio"/> passive	<input type="radio"/> active <input type="radio"/> passive
Location of fixation	<input type="radio"/> RA <input type="radio"/> RV <input type="radio"/> CS <input type="radio"/> Cond. system <input type="radio"/> Leadless	<input type="radio"/> RA <input type="radio"/> RV <input type="radio"/> CS <input type="radio"/> Cond. system <input type="radio"/> Leadless	<input type="radio"/> RA <input type="radio"/> RV <input type="radio"/> CS <input type="radio"/> Cond. system <input type="radio"/> Leadless	<input type="radio"/> RA <input type="radio"/> RV <input type="radio"/> CS <input type="radio"/> Cond. System <input type="radio"/> Leadless	<input type="radio"/> RA <input type="radio"/> RV <input type="radio"/> CS <input type="radio"/> Cond. system <input type="radio"/> Leadless
Lead access	<input type="radio"/> left <input type="radio"/> right	<input type="radio"/> left <input type="radio"/> right	<input type="radio"/> left <input type="radio"/> right	<input type="radio"/> left <input type="radio"/> right	<input type="radio"/> left <input type="radio"/> right
Type	<input type="radio"/> pace/sense <input type="radio"/> single-coil <input type="radio"/> dual-coil	<input type="radio"/> pace/sense <input type="radio"/> single-coil <input type="radio"/> dual-coil	<input type="radio"/> pace/sense <input type="radio"/> single-coil <input type="radio"/> dual-coil	<input type="radio"/> pace/sense <input type="radio"/> single-coil <input type="radio"/> dual-coil	<input type="radio"/> pace/sense <input type="radio"/> single-coil <input type="radio"/> dual-coil
Simple traction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locking stylet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teflon sheath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser sheath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mech. rot. sheath	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no
(Select the last sheath used for successful extraction)	<input type="radio"/> Philipps TightRail <input type="radio"/> Cook evolution	<input type="radio"/> Philipps TightRail <input type="radio"/> Cook evolution	<input type="radio"/> Philipps TightRail <input type="radio"/> Cook evolution	<input type="radio"/> Philipps TightRail <input type="radio"/> Cook evolution	<input type="radio"/> Philipps TightRail <input type="radio"/> Cook evolution
Femoral snaring	<input type="radio"/> No <input type="radio"/> Needle's Eye <input type="radio"/> Goose neck <input type="radio"/> EN snare	<input type="radio"/> No <input type="radio"/> Needle's Eye <input type="radio"/> Goose neck <input type="radio"/> EN snare	<input type="radio"/> No <input type="radio"/> Needle's Eye <input type="radio"/> Goose neck <input type="radio"/> EN snare	<input type="radio"/> No <input type="radio"/> Needle's Eye <input type="radio"/> Goose neck <input type="radio"/> EN snare	<input type="radio"/> No <input type="radio"/> Needle's Eye <input type="radio"/> Goose neck <input type="radio"/> EN snare
Result	<input type="radio"/> compl. success <input type="radio"/> clinical success <input type="radio"/> failure	<input type="radio"/> compl. success <input type="radio"/> clinical success <input type="radio"/> failure	<input type="radio"/> compl. success <input type="radio"/> clinical success <input type="radio"/> failure	<input type="radio"/> compl. success <input type="radio"/> clinical success <input type="radio"/> failure	<input type="radio"/> compl. success <input type="radio"/> clinical success <input type="radio"/> failure
Approach	<input type="radio"/> superior <input type="radio"/> inferior <input type="radio"/> both	<input type="radio"/> superior <input type="radio"/> inferior <input type="radio"/> both	<input type="radio"/> superior <input type="radio"/> inferior <input type="radio"/> both	<input type="radio"/> superior <input type="radio"/> inferior <input type="radio"/> both	<input type="radio"/> superior <input type="radio"/> inferior <input type="radio"/> both

Complications until discharge			
Total duration of hospital stay at the extraction center _____ days			
Death	<input type="radio"/> no	<input type="radio"/> complication of the lead extraction procedure	<input type="radio"/> due to the disease which indicated extraction
	<input type="radio"/> unrelated to extraction		
SVC laceration	<input type="radio"/> no	<input type="radio"/> yes	
Hemato-/Pneumothorax	<input type="radio"/> no	<input type="radio"/> interventional drainage	<input type="radio"/> surgical drainage
Cardiac tamponade	<input type="radio"/> no	<input type="radio"/> interventional drainage	<input type="radio"/> surgical drainage
Lead issue	<input type="radio"/> none	<input type="radio"/> dislocation	<input type="radio"/> perforation <input type="radio"/> electrical
<input type="checkbox"/> none		<input type="checkbox"/> Stroke	
<input type="checkbox"/> Unplanned conversion to cardiac surgery		<input type="checkbox"/> HLM in use	
<input type="checkbox"/> New severe tricuspid insufficiency		<input type="checkbox"/> Groin complication (req. intervention)	
<input type="checkbox"/> Pulmonary embolism		<input type="checkbox"/> Newly elevated hemidiaphragm	
<input type="checkbox"/> Anesthesia complication		<input type="checkbox"/> New diagnosis of thrombosis	
<input type="checkbox"/> Pocket hematoma (req. intervention)		<input type="checkbox"/> Transfusion of >=2 packed red blood cells	
<input type="checkbox"/> Cardiac decompensation		<input type="checkbox"/> SIRS	
<input type="checkbox"/> other: _____			

30 days outcome	
Total duration of hospital stay all institutions together _____ days	
Complications occurring between discharge from extraction center to day 30	
<input type="checkbox"/> none	<input type="checkbox"/> Death <input type="checkbox"/> Pulmonary embolism <input type="checkbox"/> Stroke <input type="checkbox"/> Cardiac decompensation
<input type="checkbox"/> other: _____	
Lead issue	<input type="radio"/> none <input type="radio"/> dislocation <input type="radio"/> perforation <input type="radio"/> electrical

Code List

Clinical characteristics prior to extraction	Lead extraction general information	
CMP	Indication for lead extraction	Additional intervention during lead extraction
01 = none	01 = CIED-related endocarditis without pocket infection	01 = none
02 = ICM	02 = isolated pocket infection	02 = PFO occlusion
03 = DCM	03 = pocket infection with bacteraemia	03 = ASD occlusion
04 = valvular	04 = occult bacteraemia with probable CIED infection	04 = transvenous vegetation aspiration
05 = primary electrical disease	05 = lead dysfunction	05 = PTA
06 = GUCH	06 = upgrade	99 = other
99 = other	07 = vascular occlusion	
	08 = pain	
	99 = other	