Conduction system pacing evolution – a single centre experience

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Until recently, right ventricular apical electrode placement was predominantly used during bradycardia pacing management. Decades of clinical practice have taught us that a high burden of pacing in right apical position can deteriorate left ventricle function leading to increased mortality and morbidity. In the last few years, our daily clinical practice has fundamentally changed after the introduction of so-called conduction system pacing (His-bundle pacing and left bundle branch pacing area). The idea that the natural pacing of the heart prevents the aforementioned undesirable effects of "classical" way of pacing, while maintaining the effectiveness, has led to a revolution in the treatment of such patients. The growing evidence indicate that conduction system pacing has the potential to become preferred pacing mode in various clinical indications, including the treatment of dyssynchrony in setting of heart failure.[1] We will present the results of our single center experience regarding conduction system pacing.

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LITERATURE

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