

In the U.S. alone, there are...

275
thousand

de novo devices
implanted every year⁵

x1% rate of infection for a
de novo implant⁶⁻¹³

157
thousand

replacement devices
implanted every year⁵

x3% rate of infection following
device replacement¹³⁻¹⁵

2.92
million

devices exist
in patients¹⁻⁵

x0.8% rate of infection among
existing devices⁶⁻¹⁵



10,800
extractions

20,020
treated with antibiotics,
partial removal or untreated

30,820 total infections

65%

may be undertreated
and at risk for recurring
infection, endocarditis
or death



The ACC, AHA, HRS
and EHRA cardiac
societies agree:

The presence of a systemic
infection, pocket infection, or
endocarditis is a Class I indication
to remove all hardware.

The equation is clear:
infection + device = removal

References

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This educational content is intended for healthcare professionals only. Cardiac device removal may not be appropriate for some patients depending on individual health factors. Treatment decisions should always be based on the judgment and expertise of a healthcare professional. If you are a patient with questions or concerns about an implanted cardiac device, please consult with your physician.

Cardiac lead removal is indicated in many situations, such as device related infection. Physicians seeking further information are encouraged to view the references section below, including transvenous lead extraction: *Hearth Rhythm Society expert consensus on facilities, training, indications and patient management*, available at <http://www.hrsonline.org>. Important safety information for Philips lead management products can be found at www.philips.com/IGTdevices.

