



# CENTRA MEDICAL GROUP

Stroobants Cardiovascular Center

## Is your patient at risk for sudden cardiac death?

### Current ICD Indications 2006

1. Sustained ventricular tachycardia
2. Resuscitated sudden cardiac death/ventricular fibrillation
3. Inherited syndromes with increased risk for sudden cardiac death (long QT, hypertrophic cardiomyopathy, Brugada syndrome, etc.)
4. Ischemic cardiomyopathy, EF  $\leq$  35%, NYHA Class II-III CHF, documented prior MI
5. Non-ischemic cardiomyopathy, duration > 3 months, NYHA Class II-III CHF, EF  $\leq$  35%
6. Patients who meet cardiac resynchronization therapy requirements and have Class IV CHF
7. Dilated cardiomyopathy and syncope (not a written Medicare indication if less than Class II CHF, but still should be strongly considered with recent data to support its use. Has not been challenged for payment in our experience and many patients have had appropriate ICD shocks after implant.)

### For prophylactic ICDs, patient cannot have:

- a. Cardiogenic shock
- b. CABG or PTCA within 3 months
- c. Acute MI within last 40 days
- d. Expected survival of less than one year
- e. Class IV CHF unless a candidate for cardiac resynchronization



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## Are you doing all you can for your CHF patients?

### Indications for Cardiac Resynchronization Therapy

1. Cardiomyopathy with an  $EF \leq 35\%$ , QRS duration greater than 130 ms and Class III or greater CHF despite maximum tolerated medical therapy.
2. In patients with borderline criteria by QRS width, consider evaluation with echo for evidence of LV dyssynchrony.
3. Consider CRT in patients with a cardiomyopathy who undergo AV node ablation or who will require ventricular pacing for heart block or other bradycardia indications.