



**AP009**

**Paediatric Cardiology & Congenital Heart Disease** • Poster Presentation

## **TEMPORARY PACING DURING IMPLANTATION OF PERMANENT PACEMAKER: A REAPPRAISSAL OF REAL-WORLD BENEFITS AND OPERATOR RECOGNIZED COMPLICATIONS.**

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**BACKGROUND:** Temporary transvenous pacing (TVP) is an established safety measure for patients with high-degree atrioventricular block and hemodynamic instability undergoing permanent pacemaker (PPM) implantation. It provides a reliable escape rhythm during lead manipulation. However, beyond the well-documented complications, operators frequently encounter practical procedure-specific challenges that are often underreported despite their potential clinical significance.

**METHODOLOGY:** This presentation reviews the role of TVP during PPM implantation, drawing on real-world clinical practice and operator experience to highlight both its benefits and procedure-related complications observed during implantation.

**RESULTS:** TVP provides a stable backup rhythm, minimizes the risk of transient asystole during lead testing, and allows safer implantation in unstable patients or where procedural delays occur. Two operator-recognized complications deserve attention. First, femoral temporary pacing leads, commonly used in Nigeria, remain accessible to sedated or agitated patients, increasing the risk of accidental lead displacement and loss of pacing support. Second, withdrawal of the temporary pacing lead may mechanically interact with the newly implanted right ventricular lead, potentially causing lead displacement, repositioning, or repeat venography. These practical complications are not commonly addressed in existing guidelines.

**CONCLUSIONS:** TVP remains an invaluable adjunct during PPM implantation but should be used selectively after weighing its benefits against both recognized and practical risks. Careful femoral lead securement, appropriate patient sedation, and fluoroscopy-guided withdrawal of the temporary lead can reduce procedure-related complications and improve patient outcomes, particularly in high-volume implanting centers.

**Keywords:** Temporary transvenous pacing, permanent pacemaker implantation, complete heart block, right ventricular lead displacement, lead interaction.