**A COMPARISON OF ACTIVE AND PASSIVE LEAD IMPLANTATION: IS OPERATING EXPERIENCE A FACTOR?**

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*Background:* Recent studies have shown superiority of active atrial pacemaker leads in avoiding early displacement. Despite available evidence, some clinicians fear an increased incidence of cardiac tamponade with active leads, and there are concerns about the safe usage of these leads by inexperienced operators.

*Objectives*: This audit sought to compare lead displacement and complication rates between atrial and ventricular leads in inexperienced (<150 implants) and experienced operators.

*Methods:* We analysed our local pacemaker database detailing all bradycardia device implants between 2010 and 2015. The incidence of lead displacement was categorised by site, lead-type and experience of operator. The incidence of cardiac tamponade requiring pericardiocentesis was also documented.

*Results*: The use of active atrial leads appeared to reduce the likelihood of displacement without increasing the risk of complication. This was not shown for ventricular leads. Atrial lead displacement was more frequently observed in cases performed by more experienced clinicians. There were no episodes of tamponade.

*Conclusions*: Consistent with other published data, we have not demonstrated an advantage to using active ventricular leads, but their use does facilitate stable pacing of the RV septum to protect against the development of heart failure. Increased rates of atrial lead displacement in more experienced operators likely reflects differences in allocated case complexity.