

SURVEY AIAC EMILIA ROMAGNA 2020:

VASCULAR ACCESS IN ELECTROPHYSIOLOGY AND CARDIAC ELECTRONIC DEVICE IMPLANTATIONS.

Respondent's data

Date of birth:

How long (years) have you been doing electrophysiology and CIED implant procedures?

- 1) <3
- 2) 3>6
- 3) 6>10
- 4) >10

How many CIED implants do you do yearly?

- 1) <75
- 2) 75<150
- 3) 150<200
- 4) >200

How many electrophysiological procedures do you do yearly?

- 1) <50
- 2) 50<100
- 3) 100<150
- 4) >200

Echo-guided vascular access

Is there an ultrasound system with vascular probe in your EP-lab?

- 1) yes
- 2) on-demand only
- 3) no

Do you use ultrasound-guided vascular access?

- 1) Yes, but only for femoral vessels
- 2) Yes, but only for subclavian/axillary vessels
- 3) Always
- 4) Never

Ultrasound-guided puncture is used:

- 1) Always
- 2) After 3 failed attempts of blind puncture
- 3) After, at least, 5 failed attempts of blind puncture
- 4) Never

If you are using an ultrasound for vascular access, which is the percentage of its use?

- 1) Less than 20% of cases
- 2) between 20% and 50% of cases
- 3) Between 50% and 80% of cases
- 4) More than 80% of cases

CIED implantation procedures

What degree of concern do you attribute to vascular access? (0 low, 10 very much)

0 1 2 3 4 5 6 7 8 9 10

Sort the steps of the procedure in ascending order of complexity, from the most complex (1) to the easiest (4)

- 1) Vascular access
- 2) Lead insertion
- 3) Pocket creation
- 4) Suture

Which is your first choice for vascular access during CIED implantation?

- 1) Cephalic vein
- 2) Intrathoracic subclavian vein
- 3) Axillary/extrathoracic subclavian vein

What is the percentage in which you are able to put at least one lead in cephalic vein?

- 1) More than 80% of cases
- 2) between 50% and 80% of cases
- 3) between 20% and 50% of cases
- 4) less than 20% of cases
- 5) Never, I usually do not look for the cephalic vein

How many leads, on average, you place through cephalic vein?

- 1) None
- 2) 1
- 3) 2

Subclavian vein puncture is done:

- 1) before skin incision, particularly if an ultrasound-guided puncture is done
- 2) always before skin incision
- 3) after skin incision

Electrophysiology

What degree of concern do you attribute to vascular access? (0 low, 10 very much)

0 1 2 3 4 5 6 7 8 9 10

Arterial femoral access is done:

- 1) Always by electrophysiologist
- 2) Usually by electrophysiologist by sometimes with the help of an hemodynamist.
- 3) Always by hemodynamist

Arterial femoral access closure is done:

- 1) Always manually
- 2) Manually most of the time but sometimes with closure devices
- 3) Usually with closure devices and the sometimes manually
- 4) Always with closure devices

Venous femoral access is usually done:

- 1) at the level of the common femoral vein
- 2) at the level of the femoral vein

Optional questions

Those who use an ultrasound during vascular access they uses it:

- 1) to evaluate vascular anatomy before a blind puncture
- 2) for an ultrasound-guided puncture
- 3) both for an ultrasound-guided puncture and wire position check

Would you be interested in a ultrasound course for vascular access?

- 1) yes
- 2) no