When is S-ICD right for your patients?

- **Low EF, QRS ≥ 130ms**
- **PR > 200ms, AV-block**
- **MVT has occurred and NO home and occupational environments, follow-up testing, explant and disposal and supplemental precautionary information.**

**Precautions**

For specific information on precautions, refer to the following sections of the product labeling: clinical ... storage, implantation, device programming, environmental and medical therapy hazards, hospital and medical environments, ... sources of EMI because EMI may cause the pulse generator to deliver inappropriate therapy or inhibit appropriate therapy.

**Patient does not meet MR Conditional requirements for the implanted system. The Programmer is MR Unsafe and must remain in Zone III. During MRI Protection Mode the Tachycardia therapy is suspended. MRI scanning after ERI status has been reached.**

**Warnings**

- **Contraindications**
- **Indications for Use**
- **Intended Use**
- **What patients are you screening for S-ICD?**

**EMBLEM™ S-ICD Automated Screening Tool**

What patients are you screening for S-ICD?

**Based on the article by Poole and Gold**

**EMBLEM™ S-ICD**

Automated Screening Tool
Based on the patient characterization in the Poole and Gold editorial article:

**S-ICD System is the preferred device**

- No venous access (occluded or congenital)
- High risk of complications for TV-ICD (dialysis, pediatric immunocompromised)
- Channelopathies (LQT, Brugada, HCM)
- H/O endocarditis
- Young patients
- Life expectancy > 10 yr
- Primary prevention with ischemic/non-ischemic heart failure
- Prosthetic valves
- Women (preferred generator placement)
- Selected secondary prevention (survivors of out of hospital VF, no evidence of MVT)
- Systolic HF and LBBB → CRT
- Symptomatic cardiac requiring pacing
- Recurrent sustained MVT for whom ATP is deemed appropriate
- H/O endocarditis
- Young patients
- Life expectancy > 10 yr
- Primary prevention with ischemic/non-ischemic heart failure
- Prosthetic valves
- Women (preferred generator placement)
- Selected secondary prevention (survivors of out of hospital VF, no evidence of MVT)
- Systolic HF and LBBB → CRT
- Symptomatic cardiac requiring pacing
- Recurrent sustained MVT for whom ATP is deemed appropriate

**S-ICD System should be strongly considered**

- High risk of complications for TV-ICD (dialysis, pediatric immunocompromised)
- Channelopathies (LQT, Brugada, HCM)
- H/O endocarditis
- Young patients
- Life expectancy > 10 yr
- Primary prevention with ischemic/non-ischemic heart failure
- Prosthetic valves
- Women (preferred generator placement)
- Selected secondary prevention (survivors of out of hospital VF, no evidence of MVT)
- Systolic HF and LBBB → CRT
- Symptomatic cardiac requiring pacing
- Recurrent sustained MVT for whom ATP is deemed appropriate

**S-ICD System should be avoided**

- No venous access (occluded or congenital)
- High risk of complications for TV-ICD (dialysis, pediatric immunocompromised)
- Channelopathies (LQT, Brugada, HCM)
- H/O endocarditis
- Young patients
- Life expectancy > 10 yr
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**EMBLEM S-ICD Automated Screening Tool**

- Increases efficiency & Decreases subjectivity
- How to obtain a successful screening with the Automated Screening Tool

**Available through the Zoom Programmer (3120)**

- Applies the Vector Select algorithm that is used by the S-ICD to sense the cardiac signal, and is designed to more closely represent S-ICD device performance.

** Increases efficiency & Decreases subjectivity**

- **Improves the screening workflow.**

**How to obtain a successful screening with the Automated Screening Tool**

1. **Place electrodes**
   - ECG Electrode Placement, for typical implantation
   - Placed in a lateral location, at the 5th intercostal space along the mid-axillary line
   - Placed 14 cm superior to the ECG Electrode LA
   - Placed 1 cm left lateral of the xiphoid midline
   - Recommended at the desired location to serve as the patient reference electrode

2. **Verify a clean ECG**
   - ECG Electrode Placement, for typical implantation
   - Placed in a lateral location, at the 5th intercostal space along the mid-axillary line
   - Placed 14 cm superior to the ECG Electrode LA
   - Placed 1 cm left lateral of the xiphoid midline
   - Recommended at the desired location to serve as the patient reference electrode

3. **Run the Test: Supine & Standing.**
   - Save, then print and/or export test data

4. **Review and determine acceptable vectors**
   - Minimum screening criteria: One lead must be OK in all tested postures.
   - Check that morphology of the QRS complex is stable across postures.