



Unipolar Pacemaker

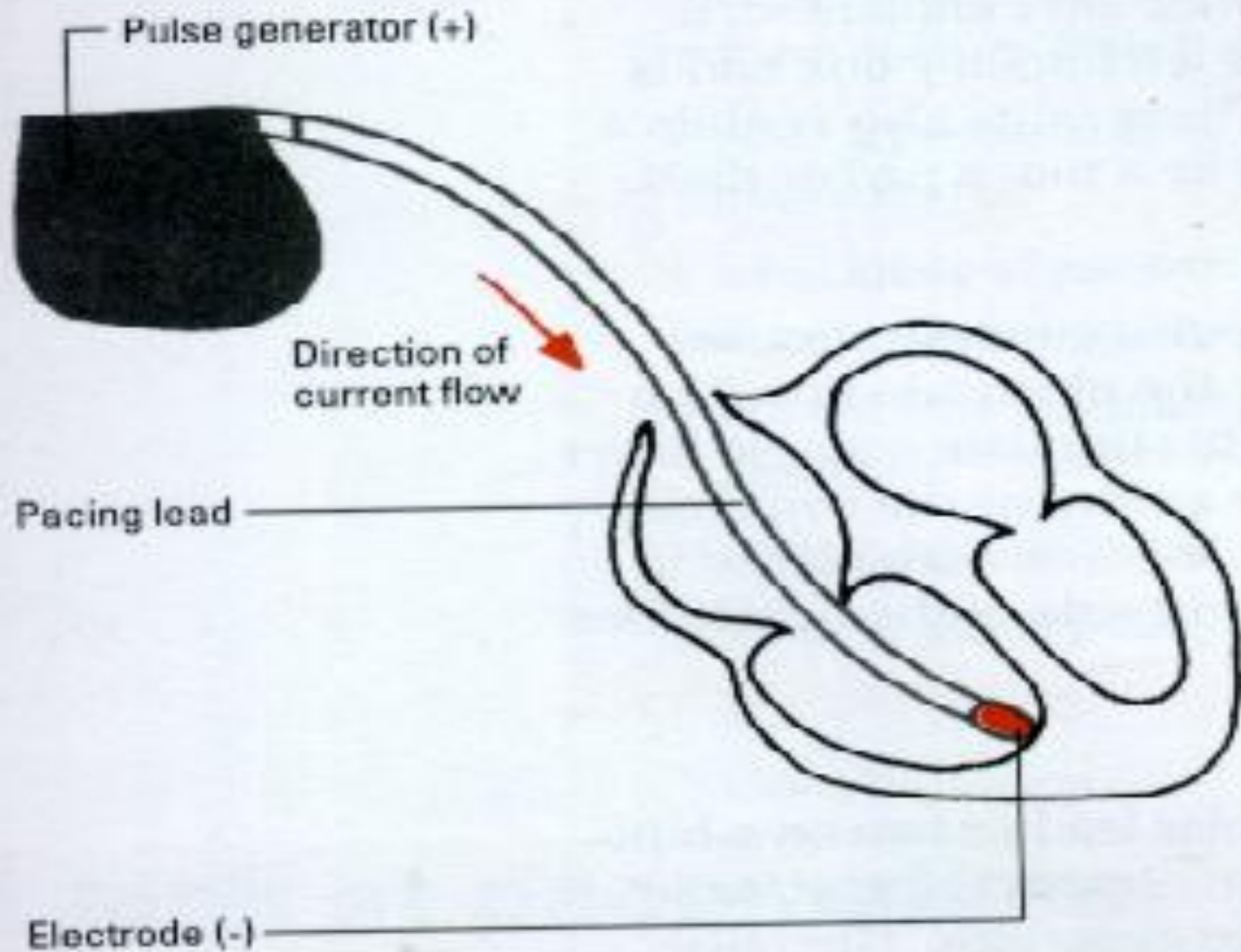
Lead has only one electrode that contacts the heart at its tip (+) pole

The power source is the (-) pole

Patient serves as the grounding source

Patient's body fluids provide the return pathway for the electrical signal

Electromagnetic interference occurs more often in unipolar leads





Bipolar Pacemaker

If bipolar, there are two wires to the heart or one wire with two electrodes at its tip

Provides a built-in ground lead

Circuit is completed within the heart

Provides more contact with the endocardium; needs lower current to pace

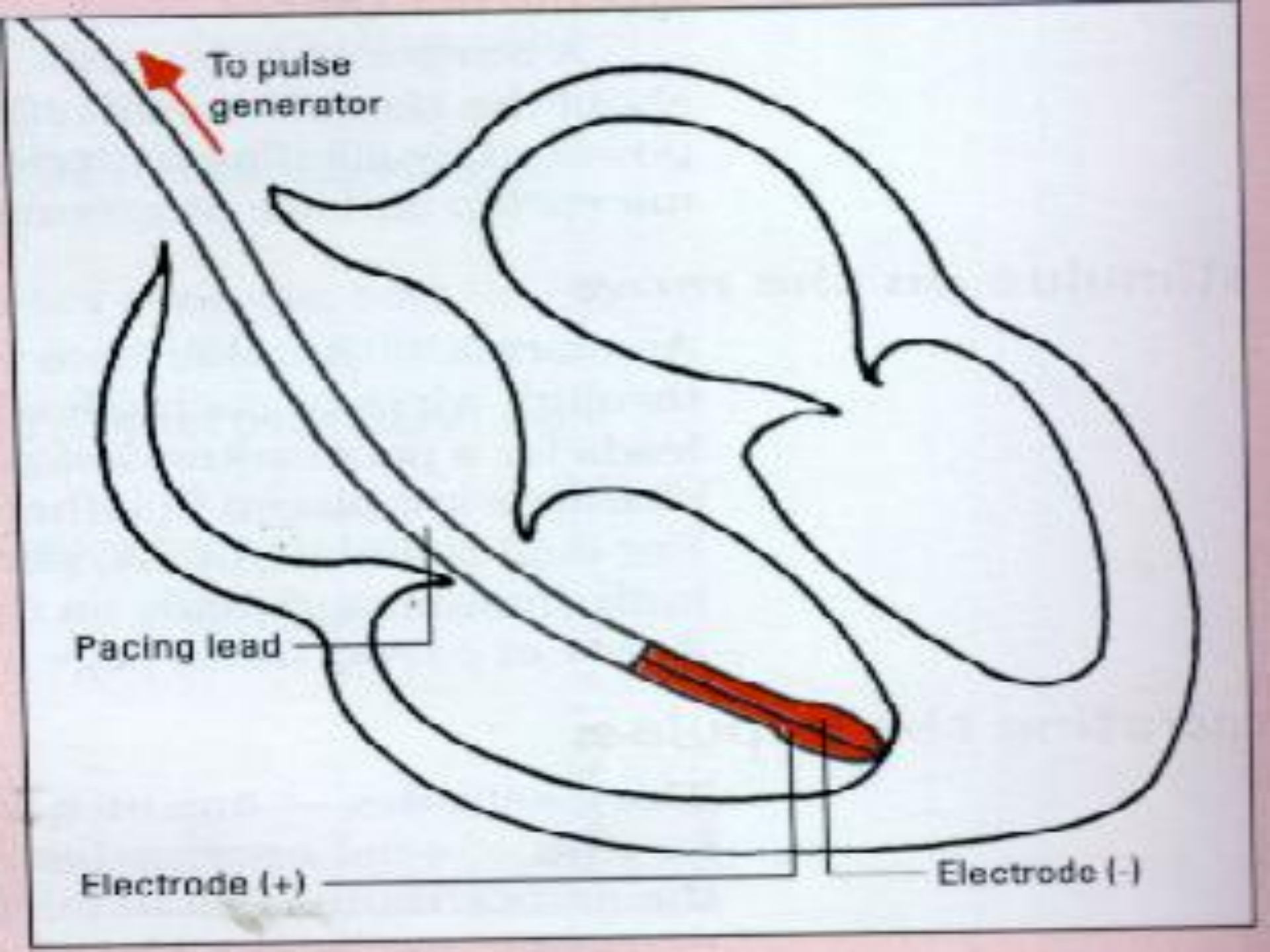
Less chance for cautery interference

To pulse generator

Pacing lead

Electrode (+)

Electrode (-)





Types

- 1. Asynchronous/Fixed Rate**
 - 2. Synchronous/Demand**
 - 3. Single/Dual Chamber**
Sequential (A & V)
 - 4. Programmable/nonprogrammable**
-



Asynchronous/Fixed Rate



- ⊙ Does not synchronize with intrinsic HR
- ⊙ Used safely in pts with no intrinsic ventricular activity
- ⊙ If pt has vent. activity, it may compete with pt's own conduction system
- ⊙ VT may result (R-on-T phenomenon)
- ⊙ EX: VOO, AOO, DOO



Synchronous/Demand

Contains two circuits

- * One forms impulses**
- * One acts as a sensor**

When activated by an R wave, sensing circuit either triggers or inhibits the pacing circuit

Called “Triggered” or “Inhibited” pacers

Most frequently used pacer

Eliminates competition;

Energy sparing



Examples of Demand Pacemakers

DDI

VVI/VVT

AAI/AAT

Disadvantage: Pacemaker may be fooled by interference and may not fire



Dual Chamber: A-V Sequential

**Facilitates a normal sequence between
atrial and ventricular contraction**

Provides atrial kick + ventricular pacing

**Atrial contraction assures more complete
ventricular filling than the ventricular
demand pacing unit**

**Increase CO 25-35% over ventricular pacing
alone**



A-V Sequential

**Disadvantage: More difficult to place
More expensive**

Contraindication: Atrial fibrillation, SVT

**Developed due to inadequacy of “pure atrial
pacing”**



Single Chamber

Atrial

Ventricular



“Pure Atrial Pacing”

Used when SA node is diseased or damaged but AV conduction system remains intact

Provides atrial kick

Atrial kick can add 15-30% to CO over a ventricular pacemaker

Electrode in atrium: stimulus produces a P wave



Problems with Atrial Pacing

Electrode difficult to secure in atrium

Tends to float

**Inability to achieve consistent atrial
“demand” function**



Ventricular Pacemakers

**If electrode is placed in right ventricle,
stimulus produces a left BBB pattern**

**If electrode is placed in left ventricle,
stimulus produces a right BBB pattern**



Programmability

Capacity to noninvasively alter one of several aspects of the function of a pacer

Desirable since pacer requirements for a person change over time

Most common programmed areas

Rate

Output

AV delay in dual chamber pacers

R wave sensitivity

Advantage: can overcome interference caused by electrocautery



3-Letter or 5-Letter Code

- ◎ **Devised to simplify the naming of pacemaker generators**



First letter

Indicates the chamber being paced

A: Atrium

V: Ventricle

D: Dual (Both A and V)

O: None



Second Letter

Indicates the chamber being sensed

A: Atrium

V: Ventricle

D: Dual (Both A and V)

O: Asynchronous or does not apply



Third Letter

Indicates the generator's response to a sensed signal/R wave

I: Inhibited

T: Triggered

D: Dual (T & I)

O: Asynchronous/ does not apply



Fourth Letter

Indicates programming information

O: No programming

P: Programming only for output and/or rate

M: Multiprogrammable

C: Communicating

R: Rate modulation



Fifth Letter

This letter indicates tachyarrhythmia functions

B: Bursts

N: Normal rate competition

S: Scanning

E: External

O: None

Table 4-4. Generic Code for Identification and Description of Pacemaker Function

First Letter	Second Letter	Third Letter	Fourth Letter	Fifth Letter
Cardiac chamber paced	Cardiac chamber in which electrical activity is sensed	Response of generator to sensed R wave and P wave	Programmable functions of the generator	Antitachycardia functions of the generator
V—Ventricle	V—Ventricle	T—Triggering	P—Programmable (rate and/or output only)	B—Bursts
A—Atrium	A—Atrium	I—Inhibited	M—Multiprogrammable	N—Normal rate competition ^a
D—Dual (atrium and ventricle)	D—Dual	D—Dual	C—Communicating ^b	S—Scanning
	O—None (asynchronous)	O—None (asynchronous)	O—None (fixed function)	E—External

^a Stimuli delivered at normal rate

Letter Number ^o Types of Pulse Generators

I	II	III	Description
A	O	O	Asynchronous (fixed rate) atrial pacing
V	O	O	Asynchronous (fixed rate) ventricular pacing
A	A	I	Noncompetitive (demand) atrial pacing, electrical output inhibited by Intrinsic atrial depolarization (P wave)
V	V	I	Noncompetitive (demand) ventricular pacing, electrical output inhibited by Intrinsic ventricular depolarization (R wave)
A	A	T	Triggered atrial pacing, electrical output triggered by Intrinsic atrial depolarization (P wave)
V	V	T	Triggered ventricular pacing, electrical output triggered by Intrinsic ventricular depolarization (R wave)
D	V	I	Paces (sequential) in atrium and ventricle, does not sense P waves, does sense R waves
D	D	D	Paces and senses in atrium and ventricle
V	D	D	Paces in ventricle, senses in atrium and ventricle, synchronized with atrial activity and paces ventricle after a preset atrioventricular interval



Examples

AOO

A: Atrium is paced

O: No chamber is sensed

O: Asynchronous/does not apply

VOO

V: Ventricle is paced

O: No chamber is sensed

O: Asynchronous/does not apply



Examples

VVI

V: Ventricle is the paced chamber

V: Ventricle is the sensed chamber

I: Inhibited response to a sensed signal

Thus, a synchronous generator that paces and senses in the ventricle

Inhibited if a sinus or escape beat occurs

Called a “demand” pacer



Examples

DVI

D: Both atrium and ventricle are paced

V: Ventricle is sensed

I: Response is inhibited to a sensed ventricular signal

For A-V sequential pacing in which atria and ventricles are paced. If a ventricular signal, generator won't fire

Overridden by intrinsic HR if faster



Examples



DDD

Greatest flexibility in programming

Best approximates normal cardiac response to exercise

DOO

Most apparent potential for serious ventricular arrhythmias

VAT

Ventricular paced, atrial sensed

Should have an atrial refractory period programmed in to prevent risk of arrhythmias induced by PACs from ectopic or retrograde conduction

AV interval is usually 150-250 milliseconds