

Transvenous Temporary Pacemaker Implant Procedures In Brazil for a decade

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INTRODUCTION

Temporary pacemaker implantation is usually an emergency procedure, indicated for the treatment of total atrioventricular block (AVB), bradyarrhythmia, for the control or prevention of tachyarrhythmias, either temporarily or permanently. The types of stimulation may be through the cutaneous-thoracic, endocardial or epicardial pacemaker¹. The objective was to analyze the current panorama of transvenous temporary pacemaker implant procedures performed in Brazil for 10 years.

METHODS

A systematic literature review and observational, descriptive, and cross-sectional collection of transvenous temporary pacemaker implant data, available at DATASUS - SUS Hospital Information System (SIH/SUS), for ten years. - December 2008-2018.

RESULTS

During the study period, 39,584 hospitalizations were performed for transvenous temporary pacemaker implantation procedures, 2018 was the year with the highest number of hospitalizations (4,779) and the largest amount spent during the period (R\$11,737,279.74). The total mortality rate in the 10 years studied was 20.62, corresponding to 8,162 deaths. The mortality rate of the elective procedures was 13.71 compared to 21.38 in emergency cases. The region with the highest number of hospitalizations was the Southeast with 20,420 hospitalizations, followed by the South with 8,589, the Northeast with 7,494, the Midwest with 2,020, and, finally, the North with 1,061 hospitalizations. The state of São Paulo concentrated most of the hospitalizations (13,606). The region with the highest number of deaths was the Southeast with 4,003 cases, with a mortality rate of 19.60. The South region had the highest mortality rate (26.01) and the Northeast had the lowest rate, 17.57.

CONCLUSIONS

The present study identified that the southeast region showed the highest number of hospitalizations (20,420 out of 39,584 registered hospitalizations in Brazil). São Paulo alone had more than half the number of procedures in the entire Southeast region. It is worth the need for investment in primary prevention as an investment for increased survival.