

# ATRIAL 'J' EXPLANT FORM

Patient Last Name: \_\_\_\_\_

Lead Serial #: \_\_\_\_\_

Patient First Name: \_\_\_\_\_

Lead Model #:  330-801  329-701  033-812  
*(check only one)*  330-854  033-856  Other: \_\_\_\_\_

Date of Birth: Yr \_\_\_\_ Mo \_\_\_\_ Day \_\_\_\_

Lead Implant Date: Yr \_\_\_\_ Mo \_\_\_\_ Day \_\_\_\_

Patient Gender:  Male  Female

Lead Explant Date: Yr \_\_\_\_ Mo \_\_\_\_ Day \_\_\_\_

**To be filled out for ACCUFIX models 801 / 701 / 812 only:**

J Retention Wire Interpretation *Prior to Explant (check only one):*

- Group I: Fracture **Not Suspected**
- Group II: **Fracture** Suspected without protrusion
- Group III: Fracture with **Protrusion**
- Group IV: J wire has **Separated/Migrated** from lead body

J Retention Wire Interpretation *Post Explant (check only one):*

- Group I: Fracture **Not Suspected**
- Group II: **Fracture** Suspected without Protrusion
- Group III: Fracture with **Protrusion**
- Group IV: J wire has **Separated/Migrated** from lead body

**To be filled out for ENCOR models only:**

J Retention Wire Interpretation *Prior to Explant (check only one):*

- Class A: Fracture **Not Suspected**
- Class B: **Fracture Suspected** (e.g. marked kink)
- Class C: **Fracture Visualized** but J wire does not protrude
- Class D: J wire **Protrusion** through the polyurethane
- Class E: Fragment of J wire has **Migrated** from lead

**To be filled out for Bipolar ENCOR models only:**

Inter-Electrode Contour *Prior to Explant (check only one):*

- Straight 
- Curved 
- Kinked 
- Severed 

**To be filled out for Unipolar ENCOR models only:**

Was the lead/'J' wire **kinked** prior to explant?  Yes  No  
 Was the lead **severed** prior to explant?  Yes  No

*Explant Method (check all that apply):*

Intravascular

*Approach:*

- Superior
- Femoral

Thoracotomy

*Technique/Tools Utilized (check all that apply):*

- Direct Traction
- Direct Traction with Locking Stylet
- Intravascular Counter Traction
- Dotter Basket/Snare
- Sheath(s)
- Other: \_\_\_\_\_

What portion of the **lead** remains?  None  All  Part \_\_\_\_\_

What portion of the **J retention wire** remains?  None  All  Part \_\_\_\_\_

Please indicate any complications associated with the explant *(check all that apply):*

- None
- Cardiac Tamponade
- Myocardial Tear
- Pericardial Effusion
- Vein Dissection
- Hypotension
- Pneumothorax
- Hemothorax
- Subclavian Puncture
- Other: \_\_\_\_\_

Complication Category *(check all that apply):*

- None
- Required medical intervention
- Required prolonged hospital stay
- Required surgical intervention

Please provide details of any explant complications listed above: \_\_\_\_\_

Please indicate any complications associated with implant of a new atrial lead: \_\_\_\_\_

*Explanting Physician's Signature:* \_\_\_\_\_ *Date: Yr \_\_\_\_ Mo \_\_\_\_ Day \_\_\_\_*

*Explanting Physician's Name:* \_\_\_\_\_

*Hospital/ Study Center where the explant occurred:* \_\_\_\_\_