

# 14<sup>th</sup> BHRM

Arrhythmias  
for every Cardiologist  
22-23 October 2020



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## Day 1: Highlights



**"Compared with His bundle pacing, LBB (area) pacing may have higher procedural success, require less revisions and have better pacing parameters."**

*(Jan de Pooter, Ghent)*



**"Conductive-tissue pacing could even be an alternative to a LV lead in CRT candidates."**

*(Wim Huybrechts, Antwerp)*



**"Inappropriate sinus tachycardia is common, seen in more than 1% of people and may cause various symptoms of uncertain nature. It is a diagnosis of exclusion and should deserve a multidisciplinary approach."**

*(Dominik Linz, Maastricht, NL)*



**"Go for ABC", as a simple and effective way to treat your AF patients : A= Anticoagulation + Avoid stroke, B= Better symptom management, C= Cardiovascular and Comorbidity optimization."**

*(Tatjana Potpara, Belgrade, SE)*



**"CRT remains a very useful and validated tool to treat dyssynchrony in LBBB patients with HFrEF."**

*(Christophe Leclercq, Rennes, FR)*



**"PVC ablation to be considered if PVC burden > 5% in cardiomyopathy patients, >10% in symptomatic patients, >20% in asymptomatic patients."**

*(Benjamin Berte, Luzern, CH)*



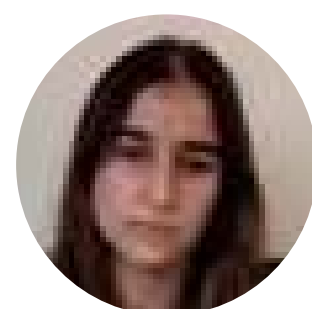
**"When diagnosing mitral valve prolapse, program 24 hour holters and consider 1st line treatment with beta-blockers if needed."**

*(Lars Dejgaard, Oslo, NO)*



**"Leadless pacing : soon new devices to come aiming to respect AV synchrony."**

*(Till Althoff, Barcelona, SP)*



**"Idarucizumab is becoming a standard therapy to reverse dabigatran anticoagulation and allow thrombolysis in acute stroke."**

*(Matthieu Rutgers, Brussels and Emine Özpak, Ghent)*



**"Sacubitril/Valsartan is a major auxiliary treatment but not an alternative to reduce SCD in ICD candidates, and an individualized approach should be advised in these patients."**

*(Pieter Martens, Gent and Klauss Witte, Leeds, UK)*

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## Day 2: Highlights



**"Watches and wearables becoming increasingly reliable to detect arrhythmias."**

*(Christophe Scavée, Brussels)*



**"Educate your patient, but also listen back to his/her PROs (and) patient reported outcomes."** *(Hein Heidbüchel, Antwerp)*



**"In case you don't understand a complex pacemaker ECG, try simple program modes: VVI or AAI if possible."**

*(Yves Vandekerckhove, Bruges)*



**"ECG quiz : Always look for the P waves..."**

*(Pieter Koopman, Hasselt, and Joris Ector, Leuven)*



**"Genetic testing after SCD is of particular interest when performed with already an etiologic hypothesis in mind."**

*(Arthur Wilde, Amsterdam, NL)*



**"Genotyping is the queen, but phenotyping is the king..."**

*(Philippe Chevalier, Lyon, FR)*



**"In cancer patients with AF, NOACs, instead of VKAs, may represent a safer and more practical way to anticoagulate your patients."**

*(Marie Moonen, Liège)*



**"Decision making in Covid times : All has to do with communication."**

*(Anne-Marie De Cock, Antwerp)*



**"Deactivating a CIED in terminal patients is not illegal in Belgium and ethically justifiable."**

*(Rik Willems, Leuven)*



**"Zero fluoroscopy AF ablation is feasible and safe, but at an increased cost using ICE."**

*(Bor Antolič, Ljubljana, SI)*



**"In case of additional question concerning radioprotection, don't hesitate to ask to the FANC / AFCN."**

*(Katrien Van Slambrouck, Brussels)*



**"In children, there is no safe dose, no threshold for carcinogenicity."**

*(Hans De Wilde, Gent)*



**"The most important parameter to characterize the radiation exposure is the Dose-Area product (mGycm<sup>2</sup>) as a substitute for energy delivered. To reduce the procedural risk, the operator needs to minimize incurred radiation dose with system settings optimization, collimation, optimized source and detector distance and tube angulation; he needs to preserve procedural safety and efficacy and be aware of cumulative radiation effects as long as zero fluoroscopy is not standard of care."**

*(Jean-Yves Wielandts, Brugge)*



**"Many technical solutions can be proposed for AF ablation. Point by point ablation remains the most used, cryoablation is the most used single shot technique for PVI, but lots of new technological developments may be available soon."**

*(Sébastien Knecht, Bruges, Gian-Battista Chierchia, Brussels, and Tom De Potter, Aalst)*

**"Laser may be an option in the near future."**

*(Pieter Koopman, Hasselt)*