PROCEDURE:,1. Implantation, dual chamber ICD.,2. Fluoroscopy.,3. Defibrillation threshold testing.,4. Venography.,PROCEDURE NOTE: , After informed consent was obtained, the patient was taken to the operating room. The patient was prepped and draped in a sterile fashion. Using modified Seldinger technique, the left subclavian vein was attempted to be punctured but unsuccessfully. Approximately 10 cc of intravenous contrast was injected into the left upper extremity peripheral vein. Venogram was then performed. Under fluoroscopy via modified Seldinger technique, the left subclavian vein was punctured and a guidewire was passed through the vein into the superior vena cava, then the right atrium and then into the inferior vena cava. A second guidewire was placed in a similar fashion. Approximately a 5 cm incision was made in the left upper anterior chest. The skin and subcutaneous tissue was dissected out of the prepectoral fascia. Both guide wires were brought into the pocket area. A sheath was placed over the lateral guidewire and fluoroscopically guided to the vena cava. The dilator and guidewire were removed. A Fixation ventricular lead, under fluoroscopic guidance, was placed through the sheath into the superior vena cava, right atrium and then right ventricle. Using straight and curved stylettes, it was placed in position and screwed into the right ventricular apex. After pacing and sensing parameters were established in the lead, the collar on the lead was sutured to the pectoral muscle with Ethibond suture. A guide sheath was placed over the guidewire and fluoroscopically placed in the superior vena

cava. The dilator and guidewire were removed. An Active Fixation atrial lead was fluoroscopically passed through the sheath, into the superior vena cava and then the right atrium. Using straight and J-shaped stylettes, it was placed in the appropriate position and screwed in the right atrial appendage area. After significant pacing parameters were established in the lead, the collar on the lead was sutured to the pectoral muscles with Ethibond suture. The tract was flushed with saline solution. A Medtronic pulse generator was attached to both the leads and fixed to the pectoral muscle with Ethibond suture. Deep and superficial layers were closed with 3-0 Vicryl in a running fashion. Steri-strips were placed over the incision. Tegaderm was placed over the Steri-strips. Pressure dressing was applied to the pocket area.