PREOPERATIVE DIAGNOSIS:, Tachybrady syndrome., POSTOPERATIVE DIAGNOSIS:, Tachybrady syndrome., OPERATIVE PROCEDURE:, Insertion of transvenous pacemaker., ANESTHESIA:, Local, PROCEDURE AND GROSS FINDINGS:, The patient's chest was prepped with Betadine solution and a small amount of Lidocaine infiltrated. In the left subclavian region, a subclavian stick was performed without difficulty, and a wire was inserted. Fluoroscopy confirmed the presence of the wire in the superior vena cava. An introducer was then placed over the wire. The wire was removed and replace by a ventricular lead that was seated under Fluoroscopy. Following calibration, the lead was attached to a pacemaker generator that was inserted in a subcutaneous pocket in the left subclavian area. The subcutaneous tissues were irrigated and closed with Interrupted 4-O Vicryl, and the skin was closed with staples. Sterile dressings were placed, and the patient was returned to the ICU in good condition.