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The Australian and New Zealand Cardiac Device Advisory and Complication Committee's (ANZCDACC) advice to physicians pertaining to management of the St Jude advisory in patients with implanted St. Jude Riata or Riata ST Silicone Endocardial Defibrillation Leads:

The Riata ICD advisory leads are best followed by qualified physicians who have experience with ICD follow-up and management. The Committee does not advocate prophylactic intervention (ICD lead replacement with either Riata lead abandonment or extraction and new ICD lead implantation) in this patient advisory group for electrically normally functioning leads. The Committee however acknowledges in certain situations an appropriately informed patient may request intervention. This situation needs to be managed as seen fit by the attending physician on a case by case basis.

The Committee believes the most important factors leading to intervention are signs of electrical failure. Electrical failure is considered by the Committee to be changes in pacing and high voltage impedance, pacing capture threshold and ventricular signal sensitivity which are not in an acceptable range or trending inappropriately. Where possible all patients with advisory leads should be on home monitoring and where not possible followed-up in office at 3 monthly to at the longest 6 monthly intervals. Patients should also be adequately educated and informed of the advisory and possible signs of electrical failure (i.e. a beeping device).

Extrusion of the conductors does not equate to electrical failure and it is currently unclear the exact relationship of electrical failure to conductor extrusion. The presence of conductor extrusion does not currently change the management of the patient in the Committee's opinion and as such the Committee does not advocate routine fluoroscopy of Riata leads to investigate for conductor extrusion. However at ICD generator change the Committee believes it is reasonable, in an appropriately informed patient, to replace such a lead, even in the presence of normal electrical parameters.

The efficacy of further electrical testing, beyond standard electrical testing discussed above, to survey these leads is also unknown. The Committee however is in support of annual in office 10V or 12V HV impedance checks (HV lead integrity check) acknowledging that if it is normal this does not completely exclude potential lead failure. The Committee acknowledges that some patients will not want this check because it can be uncomfortable to perform in the office setting and as such can only be used where permitted. This type of testing applies only to older ICD generators. Newer ICD generators do this painlessly on a daily basis. The Committee does not advocate prophylactic defibrillation threshold testing in these patients, other than at ICD generator change, to establish lead integrity.

The Committee has also published on the CSANZ website its opinion on management of advisory St Jude Riata ICD leads during ICD generator change