Introduction: Subclavian venoplasty (SV) is important in patients with prior implant failure. We describe our experience with SV in patients referred to a tertiary academic center after prior implant failure.

Methods: We reviewed the role of SV in 96 patients referred for prior implant failure between June 2017 & November 2018; 21 were referred primarily because of subclavian occlusion (SO) & 75 for failed left ventricular (LV) lead placement because of difficult coronary venous anatomy.

Result: In 19 of 21 with SO a wire was advanced and venoplasty performed. In 2 a wire could not be advanced, in both cases there were no leads to follow. In 14 of 96 (15%) referred primarily because of difficult CS venous anatomy, SV in addition to assorted interventional tools & techniques was essential to permit LV lead placement. There were no complications related to SV.

Conclusion: Subclavian obstruction commonly results in primary referral for implant failure. In the majority of the cases (19/21) a wire can be advanced & SV performed. Failure to advance a wire occurred in 2/5 patients with no leads to follow. SV is commonly required as an essential secondary procedure in patients referred primarily for prior LV lead implant failure.