Implantation of a permanent pacemaker in a patient with transposition of the great arteries and Mustard atrial baffle repair.

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**Introduction**: The atrial switch or baffle repair including the “Mustard” was the standard operative measure for TGA until the routine use of the arterial switch repair. They commonly cause atrial arrhythmias and sinus node dysfunction and baffle leaks and obstruction. Some patients require pacing, which presents unique anatomical issues which need to be understood for successful transvenous pacemaker implantation.

**Methods**: N/A

**Result**: The patient is a 39-year-old male who underwent a Mustard operation at the age of 8 months. He had undergone electrophysiology study and ablation for incisional atrial flutter termination in 2012, and in 2013 he underwent transcatheter covered stent implantation for baffle leak. Currently presented with symptoms of non-sustained atrial tachycardia and symptomatic sinus pauses. We choose to implant a dual chamber pacemaker from the left side via the cephalic vein. The active fixation ventricular lead was advanced via the systemic atria to the “anatomic left ventricle”. The atrial active fixation lead was advanced via the systemic atria to the remnant of the roof of the anatomic left atrium. (Diagram and figure chest X-ray PA and lateral)

**Conclusion**: Here we will discuss the technique and steps required in pacemaker implantation in a patient who underwent Mustard repair for transposition of great arteries.