

**Improper Use of Temporary Epicardial Pacing Wires***To the Editor:*

We read with great interest the report from Kahaly and colleagues<sup>1</sup> on the intra-aortic migration of a temporary epicardial pacing wire (TEPW). The literature contains few reports on this topic,<sup>2,3</sup> and we congratulate the authors for adding to the body of knowledge. In their article, they conclude that “[r]emoving TEPWs before” coronary artery bypass grafting (CABG) or other procedures may prevent TEPW-related complications. This is confusing because TEPWs are removed after cardiac surgery, not before. Therefore, to prevent any misunderstanding by readers, we suggest that “before” in the authors’ concluding sentence should instead read “after.”

Although TEPWs are routinely removed in the postoperative period, in rare cases they are clipped and left to retract into the adjacent subcutaneous tissues to prevent pericardial tamponade due to excessive resistance to traction, increased coagulation, or both. We think that most TEPW-related complications result from improper wire placement or from migration into the thoracic cavity. One group<sup>4</sup> has suggested limiting TEPW use in patients undergoing CABG to those who are of advanced age, have diabetes mellitus or a low ejection fraction, need long cardiopulmonary bypass times, or undergo right CABG. Although we do not routinely use TEPWs in patients undergoing CABG, we would add that proper positioning of TEPWs may decrease the risk of postoperative complications related to them.

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