



Cardiac Pacing, Defibrillation and Resynchronization: A Clinical Approach

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As our population ages and multiple factors contribute to an increased prevalence of cardiovascular disease, more patients than ever before will be candidates for implantable devices as part of their treatment for heart rhythm abnormalities. Electrophysiologists have a widening array of sophisticated devices from which to choose, and important new data about efficacy, long-term outcomes and possible complications has emerged, impacting how devices are chosen and utilized. Overall, the management of patients with pacemakers and ICDs and other devices remains a complex topic and the need for clear-headed, expert guidance has never been greater.

Now in its 3rd edition, *Cardiac Pacing, Defibrillation and Resynchronization: A Clinical Approach* is a clinically focused guide to Pacing and ICDs that caregivers can rely on for answers to common but challenging questions on all aspects of device preparation, from selection and programming to proper implantation and long-term patient management.

This new edition of *Cardiac Pacing, Defibrillation and Resynchronization: A Clinical Approach*:

- Provides answers to the most common clinical questions
- Presents a logical progression from descriptions of devices and indications to hardware selection and proper implementation
- Includes important updates in all covered areas, especially in chapters on CRT and ICD therapies, where significant advances have been made recently
- Features over 750 illustrations, most in full color

With its focus on essential clinical information, and sensible, matter-of-fact approach, *Cardiac Pacing, Defibrillation and Resynchronization: A Clinical Approach* is the ideal guide for busy providers. Thoroughly updated to reflect the latest knowledge and with a wealth of visual content to illustrate processes and reinforce key concepts, it is also an invaluable resource for those preparing to take the Electrophysiology boards or other certification examinations.

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Walter Taylor:

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