A consistent forward motion without pulling back and advancing again, may provide the lowest infection risk during S-ICD electrode tunneling.

Hint
Avoid dissecting into the muscle belly of serratus anterior or latissimus dorsi to minimize risk of bleeding.

Supplemental Figure 2: Surgical technique

Incision 1: Pocket Incision
Permit surgical time-out and review antibiotic admin timing

If necessary administer a second dose
Recheck last dose of anticoagulation

Administer local anesthetic

Make the axillary pocket incision
Avoid aggressive retractions

Use illuminated retractors to evaluate hemostasis

Take time to achieve hemostasis

Flush the implant pocket with antibiotic solution

The antibiotic, dose, and volume vary

Incision 2: Xiphoid Incision

Make the supra-sternal incision

The two incision method reduces time and infection

Place electrode between the implant pocket and xiphoid incision

Attempt to implant lead as close to periostium as possible

Ensure secured connection by applying gentle traction to electrode

Place device (S-ICD) in axillary pocket

Anchor electrode to the fascia using suture grooves

Expel any residual air by applying firm pressure to the electrode

Hint
Recommend putting sutures in xiphoid before placing S-ICD PG in the axillary pocket.

Hint
Avoid aggressive retractions
Use illuminated retractors to evaluate hemostasis

Take time to achieve hemostasis

Flush the implant pocket with antibiotic solution

The antibiotic, dose, and volume vary

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