Methods Surgery was performed under spinal anesthesia with levobupivacaine and sufentanil, patient was in light sedation with continuous propofol. Due to the distance from the implanted device to the operating field and by prior agreement with cardiologist, no magnet or bipolar cautery was used during the procedure. The patient was in the prone position for spongiosis retrieval from the left iliac crest and then supine for the removal of osteosynthetic material and intramedullary osteosynthesis. During the procedure, the patient was hemodynamically stable, in sinus rhythm, with intraoperative blood loss estimated at 500 ml. The uneventful surgery lasted for 2 h 45 min. The femoral nerve block was performed postoperatively, as per acute pain management protocol.

Results In PACU, the patient had an additional blood loss of 500 ml with onset of fast atrial fibrillation. Further management continued in the ICU with volume resuscitation and transfusion of PRBCs. The FA was converted to sinus rhythm with i.v. amiodarone in continuous infusion during next 24 hours. The following day the patient was referred to the ward with no further complications.

Conclusions In an increasing number of patients with implantable electronic devices a careful perioperative management may allow for timely intervention when required.