Deborah Heart and Lung Center

HURLEY IN THE MORNING › PODCAST TRANSCRIPT

The Future of Heart Rhythm Management

Published on: August 17, 2026

FEATURED PROVIDER

Rafaelle Corbisiero, MD

Electrophysiologist

Harry Hurley

And it is my pleasure to welcome back the doctor and the division director that I know the very best of all the team members that I know, and I I know them basically all — at Deborah Heart and Lung Center, because we've been doing the television program and the radio program for the past 35 years. It's been an amazing relationship. Dr. Raffaele Corbisiero is here, a very talented electrophysiologist. He is board certified in clinical cardiac electrophysiology. Dr. Corbisiero earned his medical degree from New York Medical College. After medical school, he completed his residency in internal medicine, fellowship training in both cardiology and interventional cardiology at Westchester Medical Center in Valhalla, New York. He went on to complete his fellowship in clinical cardiac electrophysiology at Bay State Medical Center in Springfield, Massachusetts. Dr. Corbisiero's special interests include device therapy, pacemakers, defibrillators, resynchronization therapy, heart failure therapy, and complex ablation. He has participated in many clinic research projects and authored numerous articles in peer-reviewed medical journals. And in addition to being a very talented cardiac electrophysiologist, he is also the division director of devices and pacing at Deborah Heart and Lung Center, where our topic this half-hour is The Future of Heart Rhythm Management. Dr. C, welcome back, my friend.

Dr. Raffaele Corbisiero

It's good, just good to talk to you, Harry.

Harry Hurley

Really good to be with you. All right, so let's — we're not going to bury the lead. What is a cardiac arrhythmia?

Dr. Raffaele Corbisiero

An arrhythmia is a general term to say that there are abnormal rhythms, whether they come from the top part of the heart or the bottom part of the heart. Some of them are benign, and some of them we have to take seriously.

Harry Hurley

And who is at risk for an arrhythmia?

Dr. Raffaele Corbisiero

Typically we think of rhythm disturbances getting worse depending upon our patients with heart disease, anything from blockages to valve disease. And then there are other issues that can come into play — the worst of which is as we get older, we're at higher risk for arrhythmias.

Harry Hurley

Before we go on to causation and symptoms and things like that, you mentioned that some of them are benign and that some of them we have to take very seriously. Give us sort of a narrative on what that means. What is benign, and what could be very serious?

Dr. Raffaele Corbisiero

Sure. Let's say, you know, someone has an arrhythmia, they feel some palpitations, and we work them up, and they have a structurally normal heart, they're in otherwise good shape, then these arrhythmias, these skip beats from the heart, don't necessarily worsen his prognosis. So he would do well, and we would just watch him to see how he did. As opposed to, let's say we have one of our Deborah patients that is status post a heart attack, he has some scar in the bottom part of the heart, the bottom part of the heart is showing arrhythmias. That patient could be at risk for serious rhythm problems that might be life-threatening.

Harry Hurley

Could you have palpitations and have a lot of them, and then they go away, and maybe decades later, they come back?

Dr. Raffaele Corbisiero

Yes. The heart is very responsive to what's going on around it, right? So I'll give you a perfect example is the female population. At times, say, pregnancy or menopause, that circumstance can cause a lot of rhythm disturbances that may go away once the baby is delivered, once menopause is completed, in which case we just let that happen as opposed to treating the rhythm problems.

Harry Hurley

What role does stress play? I mean, I know someone, for example, that only has palpitations if they're very stressed out. I've heard the term stress can be a killer. What role does stress play in palpitations or arrhythmias?

Dr. Raffaele Corbisiero

Stress is a definite trigger. It increases the adrenaline of the body, which makes the heart more prone to arrhythmias, especially if it has the right circumstance to go into it. So stress is always a trigger.

Harry Hurley

So there's one, if I said to you what causes an arrhythmia, you just gave us one. What further can you say about causation?

Dr. Raffaele Corbisiero

Well, in terms of, you know, there's other things in terms of lifestyle. So our patients always have to be checked for high blood pressure. That can contribute. Sleep apnea, which is largely underdiagnosed, that is a big trigger to arrhythmias. Things like thyroid disease — you know, if your thyroid is overactive, you might have rhythm disturbances. So all those things contribute to it. And then the other lifestyle things are, what are the bad habits that we might have? Too much alcohol, too much substance abuse.

Harry Hurley

So we know, we've talked about palpitations in past episodes and we know people listening right now that is something that certain people deal with and you feel that because something just like, you get like a little like almost shuddering-type thing. So you know, you know that. But could there be people listening right now that have arrhythmias, but yet have no symptoms at all that they can notice?

Dr. Raffaele Corbisiero

Absolutely. It can be found inadvertently. I have a lot of patients that come in that they were told they have a rhythm problem, but they knew nothing of it. When they came in and they were going—let's say they were going for a procedure — and the doctors noticed, "The rhythm is very abnormal," even though they had no symptoms. So it's very subjective. I have patients who are in an abnormal rhythm all the time and feel nothing. Then I have patients who are aware of every single skipped beat.

Harry Hurley

We are visiting with Dr. Raffaele Corbisiero, who is the director of electrophysiology and pacing at Deborah Heart and Lung Center, a cardiac electrophysiologist. And the topic is the future of heart rhythm management. To make an appointment with Deborah Heart and

Lung Center, you can call 609-621-2080. Again, 609-621-2080 or any digital device, your cell phone, whatever, smartphone, demanddeborah.org, if you prefer to do it there. You'll see the prompt, there's a hyperlinked right to scheduling, demanddeborah.org. What are the symptoms, if there are symptoms that people can notice, the symptoms of arrhythmia?

Dr. Raffaele Corbisiero

It is very widespread. It could be as simple as feeling a skipped beat, a flip-flop in the chest, all the way to patients who are out of the normal rhythm that can feel short of breath, can have chest discomfort, and even lead to worse things like passing out.

Harry Hurley

If you are someone that's dealt with arrhythmia and I'll go back to the palpitations, for example, and you had them for a period of time, then you didn't have them for 20 years, then they came back a little bit here and there, and almost never, but except when you're stressed out or maybe not sleeping enough or whatever, a lot of different reasons that you talked about that they could come back. If they've always been a non-issue, do they always stay a non-issue? Or could you, as you get older, could that become something that is serious?

Dr. Raffaele Corbisiero

You would definitely work it up as it happens to determine where you are with the patient. So 20 years ago, the patient's heart might be a little bit different than it is now. So we would work it up to make sure that it stays a benign process.

Harry Hurley

If left untreated, can arrhythmias put someone at risk for, say, stroke, even sudden death? I don't want to scare anybody, but doesn't get any more serious than that question.

Dr. Raffaele Corbisiero

Right. So we'll have to separate between the top part of the heart and the bottom part of the heart. Now, the top part of the heart, the atria, that's the part of the heart where atrial fibrillation can occur. Atrial fibrillation is the most common rhythm problem in this country. It needs to be taken seriously. It's not a benign rhythm as some people lead our patients to believe. That's the rhythm problem if untreated, that is the rhythm problem that puts the patient at risk for stroke. Now, with atrial fibrillation, we tend to be very aggressive in its therapy.

Harry Hurley

Very important. We're going to take our one-and-only break. We'll come right back with Dr. C. You are listening to Dr. Raffaele Corbisiero, who is an electrophysiologist, cardiac electrophysiologist, and the director of electrophysiology and pacing at Deborah Heart

and Lung Center. Our topic this half-hour is the future of heart rhythm management. And when we get back, we're going to talk about arrhythmias and how they are treated, so this is a very important part of Dr. C's program today. We're going to get into pacemakers and a whole lot more as we continue this important discussion. To make an appointment with Deborah Heart and Lung Center for this or any other issue that you're dealing with — heart, lung, sleep — they do so many things so very well. 609-621-2080 you can call, 609-621-2080 or on the web at demanddeborah.org. Back with Dr. C in just a few minutes. Stay with us.

Harry Hurley

We are back at 21 minutes past the hour with Dr. Raffaele Corbisiero, cardiac electrophysiologist, director of electrophysiology and pacing at Deborah Heart and Lung Center. I'm going to slip in a bonus question because otherwise we have so many topics that we're going to cover in the time that we have. We have 15 minutes uninterrupted with Dr. C. We're going to make it count. Some very important topics on the future of heart rhythm management. If someone comes through your division and you determine that there's an arrhythmia, is it still a standard to — I'm acting like I know — is it still a standard to have them use a Holter monitor and just see how they do over whatever period of time you say?

Dr. Raffaele Corbisiero

Sure. That's one way to do it. But remember, in this day and age, in 2026, we have many ways to monitor patients, and with technology the way it is, patients can actually monitor themselves on a more regular basis. There's the Apple Watch that has heart rate monitors on it. There is a device called Kardia that you can put on your phone and check your rhythm whenever you want. So the patients can be much more involved in this than just putting on a monitor for whatever time period we decide.

Harry Hurley

So is that now archaic where you don't even have to do that?

Dr. Raffaele Corbisiero

No, we still do that as part of the workup and depending upon our patients, how technology-friendly they are. But in terms of patients with arrhythmia, as we want to watch them, we can watch them more carefully as they participate with their own monitoring. So this way we kind of know what they're doing all the time.

Harry Hurley

And even though I should be a little stressed out because I'm dealing with such a weighty topic and doctor, I just checked my iWatch. I'm at 64 beats per minute at the moment. That certainly doesn't measure — yeah, that's good for that. That doesn't measure some of the other things that you talked about. So we left and teased right before the break, arrhythmias. How are they treated today?

Dr. Raffaele Corbisiero

It depends on the rhythm that we're treating, right? So it's widespread and we'll just again separate top part of the heart versus bottom part of the heart. Top part of the heart, most common rhythm problem is atrial fibrillation. That's the rhythm problem where the top part comes completely disorganized, leads to some problems with how the heart functions as well as risk of stroke. Clear data now says that ablation is the number one treatment for the atrial fibrillation problem. It is not drugs.

Harry Hurley

Good. Good to know. Is — so does that maybe qualify for my follow-up? Are there new treatments for arrhythmia?

Dr. Raffaele Corbisiero

Well, for the ablation, for atrial fibrillation, the newest treatment is called pulse field ablation. And that's a new way to deliver the energy source. Instead of using what we use traditionally, what was called radio frequency, which is basically heat, like cautery, and anything it touched, it would kind of ablate. But the pulse field was designed to give high energy impulses directly at the cardiac cell where we're aiming. And the lesions are better and the success rate is going to be even higher when we treat the AFib.

Harry Hurley

You know, I was just thinking about during the break and I knew it would be coming up at this portion of the interview. When we first did television together, the Deborah Heart and Lung Center television program, you brought a silver tray of devices. If I remember correctly — and I'm going back decades ago—the pacemaker was the size of a pack of cigarettes, it seems. I might be imagining a hallucination. And we did video where actually you would see it protrude from the skin because it was of a certain size. And we've seen it come all the way down to basically the size of a coin. That's remarkable, isn't it?

Dr. Raffaele Corbisiero

Well, yeah. The new thing with pacemakers now is we can place them without any wires and without any protrusion on the skin at all, because now we have these leadless pacemakers that we place actually inside the heart. They're like a small bullet that gets anchored into the heart, and that does the whole work that we need of the pacemaker. No wires, no scars.

Harry Hurley

Now going forward, because in the old days there would be a battery, it would have a certain life. I think I remember us talking like 10 years and stuff like that. Does this take that out of play?

Dr. Raffaele Corbisiero

That still has a battery, and depending upon its use, can last anywhere from 5 to 15 years. But they would have to be changed, they have to be watched, and they would have to be changed when the time comes.

Harry Hurley

You mentioned a few there with the leadless and all this. Are there other pacemaker types that are available?

Dr. Raffaele Corbisiero

The leadless is the newest of the innovations with pacemakers, and you could do that for top and bottom part of the heart. And then they're coming up with newer leadless pacemakers that even help the heart work better.

Harry Hurley

So describe how the pacemaker is placed, because it isn't even surgery, it's a procedure, correct?

Dr. Raffaele Corbisiero

People will remember it akin to like a cardiac catheterization, where we'll be working from the vein of the leg, we'll go up the vein into the heart, and depending upon which chamber we're going to place it, we'll anchor the device into either the top or the bottom part of the heart. And then we'll take everything out.

Harry Hurley

Amazing, absolutely amazing. The advancements have just been incredible, haven't they?

Dr. Raffaele Corbisiero

Yes, over time. Remarkable.

Harry Hurley

This is really just groundbreaking. Deborah Heart and Lung Center performed its first commercial implant of the WiSE system. So it made your hospital, Deborah Heart and Lung Center, the first hospital in Southern New Jersey to offer this groundbreaking treatment for heart failure patients. Tell us about this.

Dr. Raffaele Corbisiero

Well, first of all, I have to thank my administration for allowing me to do the case. They had the courage to let me do this groundbreaking procedure for patients. This is directed

at patients with very sick hearts. So this is the rhythm problem disturbance from the bottom part of the heart. So patients who have poor left ventricles, they're subject to two huge problems for us. One is heart failure, so the pump's not working, the patients are short of breath, they may have fluid accumulation, they have the heart failure syndrome. Those patients also are at risk for heart rhythm problems, life-threatening heart rhythm problems. Those are the patients that need defibrillators. So we have this new device, we can protect the patient with a standard defibrillator, but this new device is a leadless pacemaker that is about the size of a grain of rice.

Harry Hurley

Oh, my gosh.

Dr. Raffaele Corbisiero

That we place inside the left ventricle sort of embedded within the tissue, so that it's nice and protected, there's no issues with clot formation. Now we're going to pace from that grain of rice without a wire. And the way that we do it is we sew an ultrasound transmitter to the ribs right under the heart, and that ultrasound transmitter with connection with the defibrillator is able to trigger that grain of rice to pace the left ventricle. Pacing from inside the left ventricle is one of the best ways to get it to resynchronize and help the heart failure syndrome.

Harry Hurley

And when this is implanted, do you have the capability for remote access to how things are going into that level?

Dr. Raffaele Corbisiero

We do. Yes, we do have access via the defibrillator for remote access to see how the patient is doing, and then when we see the patient we're able to talk to the device directly.

Harry Hurley

And this WiSE system, it's not an exaggeration, I don't think — you'll correct me if this comment is off base — where this would previously be a patient who would have been considered untreatable in the past.

Dr. Raffaele Corbisiero

There are many ways to try to help the heart failure patients, and traditionally there are some patients who are very difficult to treat. This adds to the toolbox that we have to help patients. This is groundbreaking, because there are some patients where everything that we do, the medications, the devices, just don't do the right trick. But this, I'm excited, after 20 years, I'm excited to do this.

Harry Hurley

You see this as something that's going to become — right now, it's groundbreaking. It's like a lot of things that you've done during your career. This will ultimately be something that you will be able to do over and over again, correct?

Dr. Raffaele Corbisiero

I think so. I think it's going to be part of our treatment program, depending upon how the patients are doing. Obviously, when we get to this point to consider a CRT-WiSE, the patient is not doing as well as we like, and we want to do something more, and this gives us more in our bag.

Harry Hurley

We are visiting with Dr. Raffaele Corbisiero, cardiac electrophysiologist, director of electrophysiology and pacing at Deborah Heart and Lung Center. To make an appointment, you can call 609-621-2080 or on the web at demanddeborah.org and you'll see there's a hyperlink right there to go right to scheduling. This is a big deal, anybody that's listening that might have to do this. What is the recovery period after a pacemaker is implanted? Even though on some of them we talked about how long does a pacemaker last, let's revisit that and talk about how and when does it need to be replaced.

Dr. Raffaele Corbisiero

A traditional pacemaker where we use wires and there's a small incision up in the shoulder area, that is at the point of a same-day procedure. Patients go home the same day, they'll be a little bit of bruising and pain in that site, but that will recover over the next month or two, and once it's healed in, they can do whatever activity they like. The leadless pacemakers, that is done from the vein of the leg. So again, same-day procedure, they go home. That vein should recover within two to four days, and then they get back to normal activities.

Harry Hurley

I was thinking about, you mentioned the iWatch, you mentioned the other watch, and I forget the name of it, but it actually was done on Shark Tank where somebody presented the one where you put the fingers on the little device that then connects to your smartphone and then they will see if you have abnormal rhythm and things like that. There's really almost no reason, people should really be attuned to what's going on, because the ability to determine this is at your fingertips.

Dr. Raffaele Corbisiero

Correct. In terms of arrhythmias in this day and age, we should be able to follow our patients very closely. It's not like the old days 10, 20 years ago, where we'd only know what the monitor told us for a couple of days, you know?

Harry Hurley

I think as a point of emphasis, what would you say to your listeners, Dr. C, relative to someone that is just out there and they know something's not quite right, but they just keep going on, going on, not addressing it? What does that ultimately create for the individual?

Dr. Raffaele Corbisiero

The longer you wait to treat a problem, the worse it gets. The analogy we make is the excellent job that breast cancer has done. Nobody found a lump and said, "Let's see what happens to it. Let's see if it grows, let's see if it goes away." Nobody thinks like that. Once there's an issue, we know from the way they attack things, the quicker you address the problem, the better the long-term prognosis.

Harry Hurley

Such an important answer. So we've talked a lot about the present, we've talked a bit about the future. What is in a closing comment? We have about a minute or two, whatever time you want to take, Dr. C. What is the future of heart rhythm management?

Dr. Raffaele Corbisiero

Well, really what we have to think of in terms of heart rhythm management is a non-pharmacological approach. I don't think drugs are going to be the answer, I think there are the procedures. The ablation is getting better and better, especially with this pulse field, and I think that that's going to be the mainstay right now for both the atria and the ventricle, top and bottom part of the heart. And in terms of other managements in terms of sicker hearts, there are many devices, the CRT-WiSE that we mentioned, the special defibrillators, there are also other types of devices that can help. There is a special device that I can implant that helps calcium release and helps the heart beat stronger. There are devices that we can implant that help modulate the nervous system so that it's better for a failing heart. So there are many, many non-drug treatments that can help our patients.

Harry Hurley

Did you find that after the COVID-19 pandemic did a lot of people present with heart issues that did not have them before?

Dr. Raffaele Corbisiero

I think we're going to learn a lot about COVID and the post-COVID era, but I definitely think that there are going to be more heart-related issues. I know, especially we saw much more atrial fibrillation during the COVID and post-COVID period.

Harry Hurley

Yeah, I mean, just as a layperson, that's what I would say. I was very curious to see what you would say to it. And finally, this is not something that a few people in America deal with, a lot of people deal with arrhythmia, don't they?

Dr. Raffaele Corbisiero

Yes.

Harry Hurley

Is it million — it's millions, correct?

Dr. Raffaele Corbisiero

It's millions of people. I mean, atrial fibrillation is the most common rhythm problem in the world, and it keeps growing. So yeah.

Harry Hurley

To schedule an appointment, 609-621-2080 with Deborah Heart and Lung Center, or digitally demanddeborah.org, demanddeborah.org. Dr. Corbisiero, great to visit with you, my friend.

Dr. Raffaele Corbisiero

Always good to talk to Harry. We need to catch up sometime.

Harry Hurley

I look forward to it. We do. Be well, my friend. Take care. See you now.