# QUICK REFERENCE GUIDE FOR LEFT ATRIAL APPENDAGE OCCLUSION

**DEFN:** Left Atrial Appendage occlusion is done to prevent Stroke in High Risks patients with Atrial Fibrillation. "More than 90% of thrombi in AF form in the left atrial appendage and obliteration of the appendage may prevent embolic complications".

**The DEVICE:** LAA occlusion using the PLAATO system consists of an implant of a self-expanding nitinol cage covered with a polymeric membrane. The system consists of an implant and a delivery catheter. "The implant is a self expanding nitinol cage (ranges in size from 15mm to 32mm) the device is delivered through a 12-14FR transeptal sheath curved to point towards the LAA."
Who is device for?

## Additional Personal/Procedure/Preparation

- **Team for TEE**
- **Anaesthetist for General Anaesthesia**
- **Foley Catheter insert once patient asleep**
- **Pericardiocentesis tray readily available**
- **Check that patient has Group and Reserve #3440 Blood bank**
- **Wedge to raise feet up to insert Central line**
- **Need extra Pillows and Foam**

## Equipment required on Sterile tables

**Table # 1**

**Materials needed for ACP placement**

**Sheaths:**

- **RFV cannulated with 8Fr sheath,**
- **Perclose x 1 (possibly 2 each)**
- **SRO Transeptal 8Fr -63cm Sheath (from EP room)**
- **8.5 Fr Agilis NxT Steerable Introducer(from EP room)**

**Wires:**

- **Toray Guide wire .025-230cm wire used after transeptal needle crosses 0.035" curved guide wire 150 cm (Cook);**
- **.035-260cm Amplatz extra stiff wire**
- **BRK Transseptal Needle (St. Jude)(from EP room)**

**Catheters:**

- **5Fr Marker Pigtail**
- **8Fr Gensini Catheter**
- **PRN- 13 Fr. and 15 Fr. sheath ( 80 cm in length) (B. Braun Medical) and goose neck snares (10-20mm) (ev3) should be available in case of embolization;**
- **PRN- A pericardial puncture and drainage set (Boston Scientific); Availability of an on-site operation room and surgeon.**
- **AMULET DEVICE comes in 16mm -34mm (16,18,20,22,25,28,31,34)**

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- **Either Amplatzer Torque Vue 12Fr or 14 Fr Delivery System 14Fr 45x45 depending size of the device**

**Procedure Flow in Brief (Based on Recent Flow sheet)**

- **Pt arrives in lab. Monitoring of Vital signs commenced.**
- **IV started by Anaesthetist**
- **Anaesthetist intubates and ventilates patient, warming blanket applied.**
- **Radial Arterial line inserted by Anaesthesia**
- **Defib pads applied bilateral chest wall**
- **Pt prepared usual sterile fashion, local anaesthetic, MD cannulates RFV with 8Fr sheath, perclose sutures preset.**
- **TEE probe inserted by Dr Mezody**
- **TEE used to visualize attempts to advance Fast cath into LA appendage**
- **Images viewed on TEE**
- **8Fr Fastcath SRO 8fr sheath(St Jude Medical) prepared with Baylis transeptal needle BRK**
- **8Fr venous sheath removed over AES wire and SRO Fastcath sheath advanced**
- **BRK Transeptal needle is advanced via 8fr SRO Fast Cath sheath**
- **Transeptal needle removed, SRO sheath remains in place**
- **.032-180cm Agilis guide wire (comes in Agilis box)advanced via SRO sheath**
- **Marker Pigtail advanced over Agilis wire**
- **LA pressure measured**
- **LA Angio performed with 10cc Contrast**
- **Left atrial appendage injected**
- **Calibrating size of Left atrial appendage**
- **Delivery System 14Fr 45 x 45 used to advance Amplatzer Amulet 31mm**
- **Appendage measurements performed**
- **Marker pigtail removed, device selected (Size from 16mm to 34mm)**
- **Remember to check ACT**
- **Amplatzer Torquevue12 Fr Delivery system used for less than 28mm, 14Fr delivery used for > than 28mm Amulet device**
- **System advanced on delivery system to LA appendage**
- **Contrasts injections to confirm device placement**
- **Repeat TEE to confirm position multiple checks for position**
- **Cardiac Plug deployed**
- **Venous sheath removed, perclose secured**
- **RFA angios performed**

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