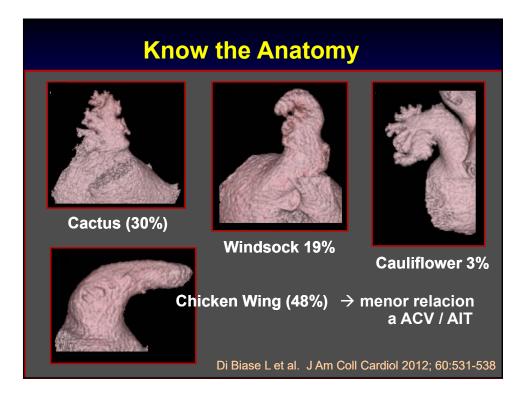


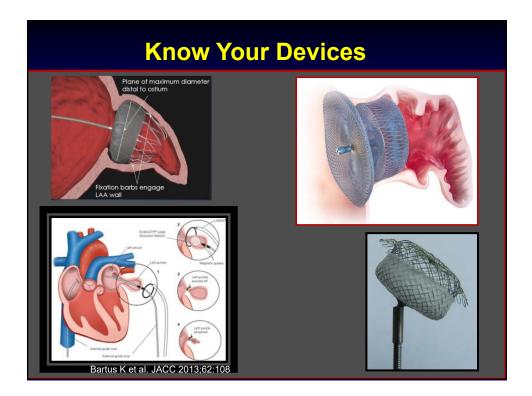
# Core Lab activities for: St Jude Medical / Abbott Boston Scientific Edwards Medtronic Biotronik Neovasc GDS



## Role of TEE in LAA closure

- Identify all lobes and anatomy
- Safety: thrombus and septal puncture, effusion
- Check for success

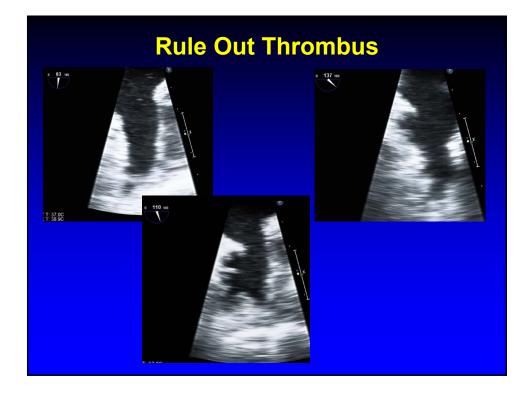




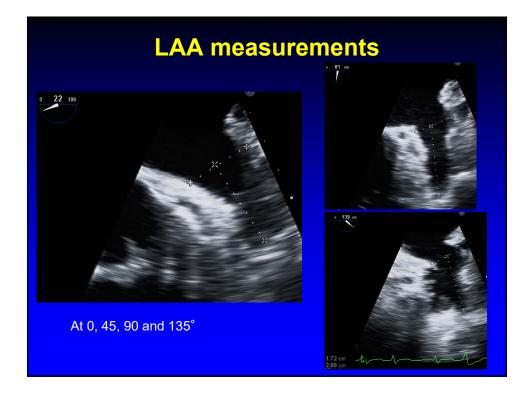
### **Steps**

- 1. Rule Out LAA Thrombus
- LAA measurements including w LA pressure > 10 0, 45, 90 and 135°
- 3. IAS puncture
- 4. Cath Guidance
  - 1.First in LUPV, change to pig tail
  - 2.Then "hop" into LAA
- 5. Post Deployment
  - 1.Check for peri-device leak
  - 2. Device Compression
  - 3.ASD size and shunt





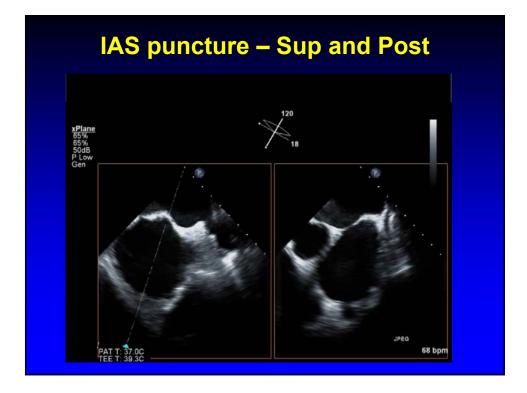




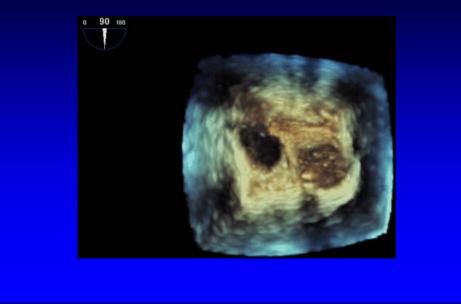
# **Device, Sizing and Compression**

Max LAA Ostium	Recommended Device Size
17 – 19 mm	21 mm
20 – 22 mm	24 mm
23 – 25 mm	27 mm
26 – 28 mm	30 mm
29 – 31 mm	33 mm





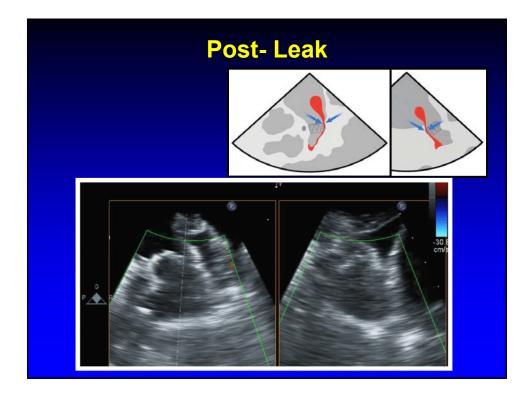
# Cath Guidance - LUPV



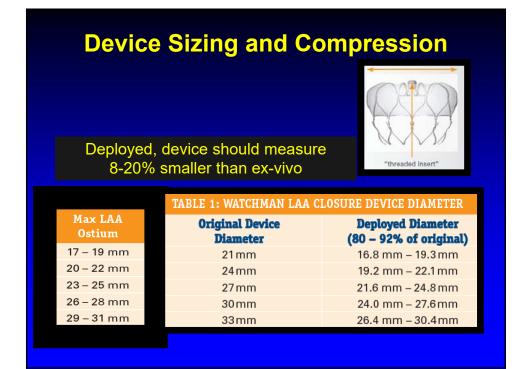










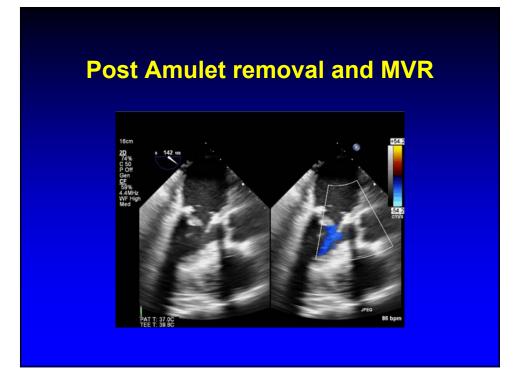




TTE:

- Pericardial Effusion
- Device location





### Conclusions

- Watchman is the only FDA approved
- Amulet and others are under investigation
- Ultrasound guidance is critical so far
- Alternatives could be ICE and fluoroscopy