

Our initial experiences with left atrial appendage occluders

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Left Atrial Appendage Closure (LAAC) is a minimally invasive procedure designed to occlude the left atrial appendage, reducing the risk of stroke in patients with atrial fibrillation (AF).¹ This technique serves as an alternative to oral anticoagulation therapy, particularly for patients contraindicated for such treatment.² The implantation procedure is conducted via the femoral vein, where a catheter delivers a device to the entrance of the left atrial appendage, effectively obstructing blood flow.³ Contraindications for LAAC include cardiac thrombi, pericarditis, infections and anatomical issues with surrounding structures. Verification of the device's position is typically performed using transesophageal echocardiography.² Potential complications may arise, such as allergic reactions, arrhythmias, bleeding, cardiac tamponade, device malfunction, and, in severe cases, multi-organ failure.¹ Following implantation, some patients are placed on anticoagulant therapy until follow-up, while others receive dual antiplatelet therapy, with long-term management involving aspirin and clopidogrel.³

Our clinic commenced LAA occluder implantations on October 23, 2018, successfully completing 12 procedures (4 women and 8 men), each lasting between one and 1.5 hours. Preoperative and postoperative preparation is essential; patients are admitted the day prior for routine evaluations, including blood tests and ECG. Hair removal from the groin area is performed, as the procedure is done via the femoral vein. Post-implantation, patients remain on bed rest for six hours with a compressive sandbag at the puncture site, with monitoring for at least 24 hours. Of the 12 patients, two experienced complications: bleeding and inguinal hematoma, while follow-up TEE confirmed normal findings in 10 cases, although the probe could not be inserted in two instances.

This method enhances the quality of life for AF patients who are contraindicated for anticoagulant therapy. Studies confirm its effectiveness and low complication rates, underscoring the importance of careful patient selection and ongoing technological advancements. Our experiences have shown positive results, providing encouragement for further treatment of this arrhythmia.

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LITERATURE

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