

Left Atrial Appendage Occluder Implant - Patient Information

For bookings, call (07) 3858 8690

Background

Patients with a history of Atrial Fibrillation who do not have rheumatic heart valve problems can consider a left atrial appendage occlusion procedure as an alternative to long term warfarin treatment to prevent stroke (see also patient information sheet "Preventing Stroke in Atrial Fibrillation"). During Atrial Fibrillation the upper chambers of the heart quiver rapidly instead of their usual pumping action which may allow blood to stagnate and blood clots to form inside the heart. Over 90% of blood clots tend to form within a blind-ending pocket of the heart called the **left atrial appendage**. Studies have shown that if a plug device can be inserted into the blind-ending pocket to seal it off completely, the risk of stroke can be lowered to a similar level as when taking long term warfarin therapy. (PROTECT AF Study, The Lancet, August 2009).

How successful is the procedure?

Small numbers of patients may not be able to have the plug device successfully implanted into their left atrial appendage because the anatomy of the blind-ending pocket will not permit a correct fit and seal of the opening. In the majority of cases this can be identified on tests (CT scan or transoesophageal echocardiography) prior to the procedure.

What does the procedure involve?

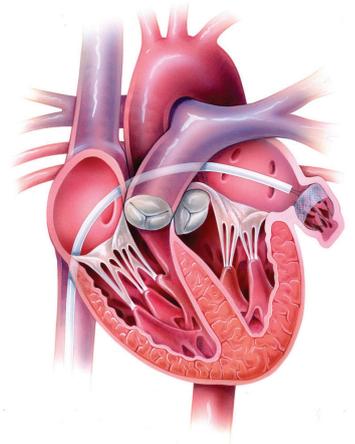
The procedure is performed under a general anaesthetic. While you are asleep, small incisions are made in the groin and a catheter is passed up through the veins into the heart.

Continuous ultrasound pictures are performed by transoesophageal echocardiography to guide the correct positioning of the equipment within the heart. A small puncture is made from inside the heart to advance the equipment across into the left atrium where the plug will be positioned.

First, a catheter is carefully positioned inside the left atrial appendage and dye injections performed to best assess how and where the plug should be finally positioned. When the occluder device is finally deployed it springs out into shape from inside the catheter. It can be recollapsed and the position adjusted, or removed again completely if required.

At the completion of the procedure the catheters are withdrawn from the groins and pressure applied to seal over the incisions. You will be taken to recovery and then back to your ward bed for monitoring overnight. You will be asked to lie still for 6 hours to prevent any bleeding from the groin.

An important safety aspect of the procedure is preventing blood clots from forming on the catheter during the procedure or inside the heart during the healing period, which could potentially travel off in the bloodstream and cause a stroke. You may be required to take blood thinner treatment before and for several weeks after the procedure. Your cardiologist will use additional blood thinners during the implant.



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What should I expect?

Do not eat or drink anything for 6 hours prior to your procedure.

A CT scan of your heart or transoesophageal echocardiogram may be performed before your procedure.

In the first 24 hours after your procedure it is common to have some minor bruising and discomfort at the incision sites in the groin.

What happens after discharge?

You should avoid exercise and heavy lifting for the first few days, and then resume normal activities after the first week. You will be instructed on what blood thinner treatment you will be required to take after the procedure. A further test (transoesophageal echocardiogram) will be arranged 6 weeks after your procedure to check that the plug has healed in satisfactorily.

You should read the consent form and understand the risks involved with this procedure. Please clarify any concerns or queries about this procedure with your cardiologist before signing this form.

Disclaimer: This brochure has been prepared by HeartCare Partners for informational purposes only and is not medical advice. All care has been taken to ensure the accuracy of information, however, this information may be changed, improved, or updated without notice.