Results of percutaneous LAAO procedure performed by a cardiac surgeon.

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Background

Percutaneous left atrial appendage occlusion (LAAO) is recommended for patients with AF and contraindications for oral anticoagulation (IIbC)

The number of percutaneous LAAO procedures increased systematically

LAAO is done mainly by cardiologists, although these procedures can be also performed by cardiac surgeons

Experience in percutaneous techniques is especially important for the young generation of surgeons to become equivalent partners for cardiologists in the hybrid room

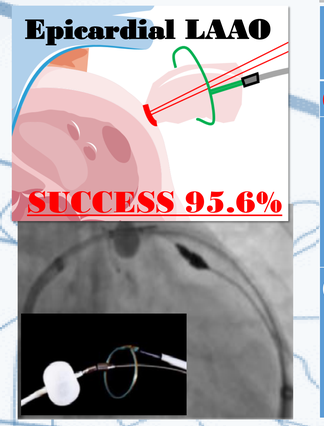
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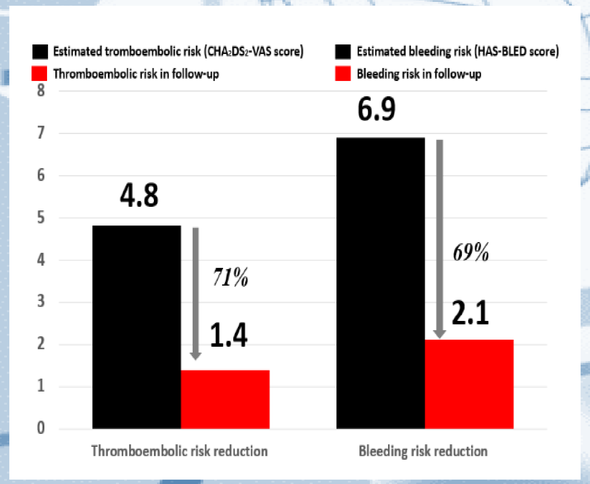
The aim of our study was to present the results of percutaneous LAAO procedure, performed solely by cardiac surgeons.

Patients

- 223 consecutive patients with nonvalvular AF underwent percutaneous LAAO
- In the first centre, all 84 LAAO procedures were performed with the endocardial LAA occluders: 60 cases with the Amulet and 24 cases with the LAmbre.
- In second centre, all 139 LAAO procedures were performed with the LARIAT epicardial device.
- The mean CHA_2DS_2-VAS-score was 3.7 ±1.8
- The mean HAS-BLED score was 3.6 ± 1.2







Results

Variable	LAAO procedure (n=223)
Overall LAAO procedure successful	97.3%(n=217)
Life-threatening complications	2.7% (n=6)
Tamponade	2.2% (n=4)
SCA	0.5% (n=1)
Aortic damage	0.5% (n=1)
Other	1.7 % (n=4)
Gastrointestinal bleeding	0.5% (n=1)
Vascular (access complications)	1.3% (n=3)
None Complications	95.6% (n=213)

Variable	LAAO procedure (n=223)
Overall average follow-up [months]	40.7 ± 17.3
Endocardial	25.1 ± 13.7
Epicardial	50.3 ±12.0
Mortality	13.4% (n=30)
Procedural	0% (n=0)
Immediate procedural	0.5% (n=1)
Cardiovascular reasons	4.0% (n=9)
Non-cardiovascular reasons	4.9% (n=11)
Unknown reason	4.0% (n=9)
Thromboembolic events	3.6% (n=8)
Ischemic stroke/TIA	1.3% (n=3)
Systemic embolism	1.3%(n=3)
Thrombus on the occluder device	0.9% (n=2)
Bleeding	5.4%(n=12
Life threating or disabling	0.5%(n=1)
Major bleeding	4.9% (n=11)
Minor bleeding	Unknown