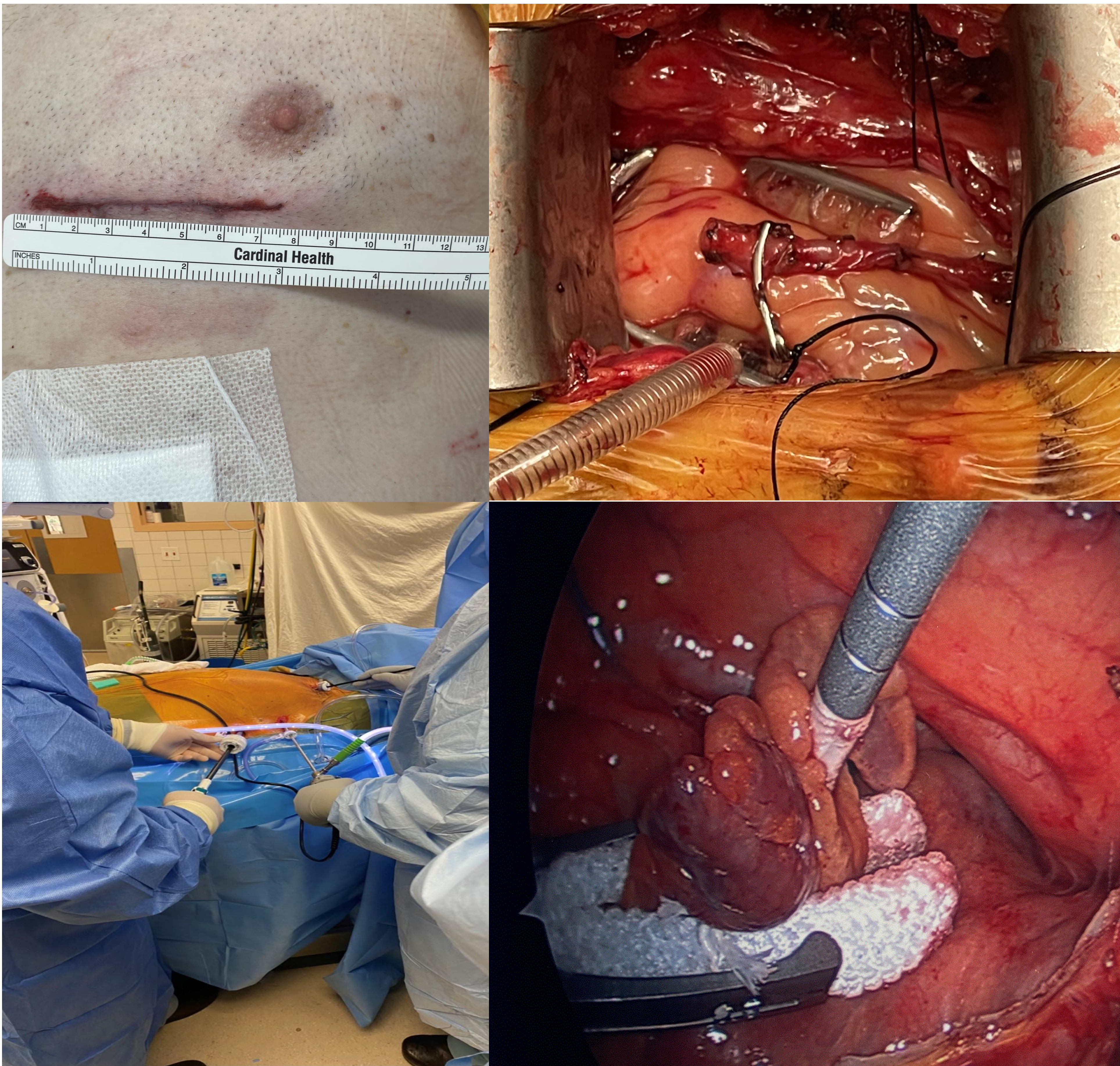


Left Atrial Appendage Exclusion During MIDCAB

Pablo F. Ruda Vega, MD and G.D. Rushing, MD
Division of Cardiac Surgery. University Hospitals, Case Western Reserve University, Cleveland, OH

BACKGROUND: Recent trials support more aggressive management of the left atrial appendage during cardiac surgical operations¹. In our division, minimally invasive coronary bypass, MIDCAB (LIMA to LAD), has become the therapy of choice to treat proximal LAD lesions not suitable for stenting. Elderly patients who are considered for MIDCAB often have a higher risk of bleeding and stroke. We present our initial experience excluding the left atrial appendage during MIDCAB.

METHODS: In 2022 sixty-three patients underwent MIDCAB. Of these seven underwent concomitant left atrial appendage exclusion. Mini left anterior thoracotomy was used in all patients, one patient underwent multi-vessel grafting. Left atrial appendage exclusion was performed thoracoscopically (1), and via direct mini left anterior thoracotomy (6).



- Seven Patients
 - Men N = 5
 - Women N = 2
 - Average age 73 (SD± 5.9)
 - All Caucasian
 - Previous Diagnosis:
 - Paroxysmal Atrial Fibrillation
 - Multivessel Coronary Artery Disease

STS Markers	Predicted (Mean %)	Actual (Mean %)
Mortality	1.44	0
Deep Sternal Wound Infection	0.24	0
Permanent Stroke	0.89	0
Discharge Home	N/A	86
Freedom from Atrial Fibrillation (90 days)	N/A	100
Myocardial Infarct	1.13	0



NO AFIB



NO MI



NO STROKE

Six Month Follow- Up