

Thoracoscopic left atrial appendage exclusion for treatment of atrial fibrillation.

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AIM

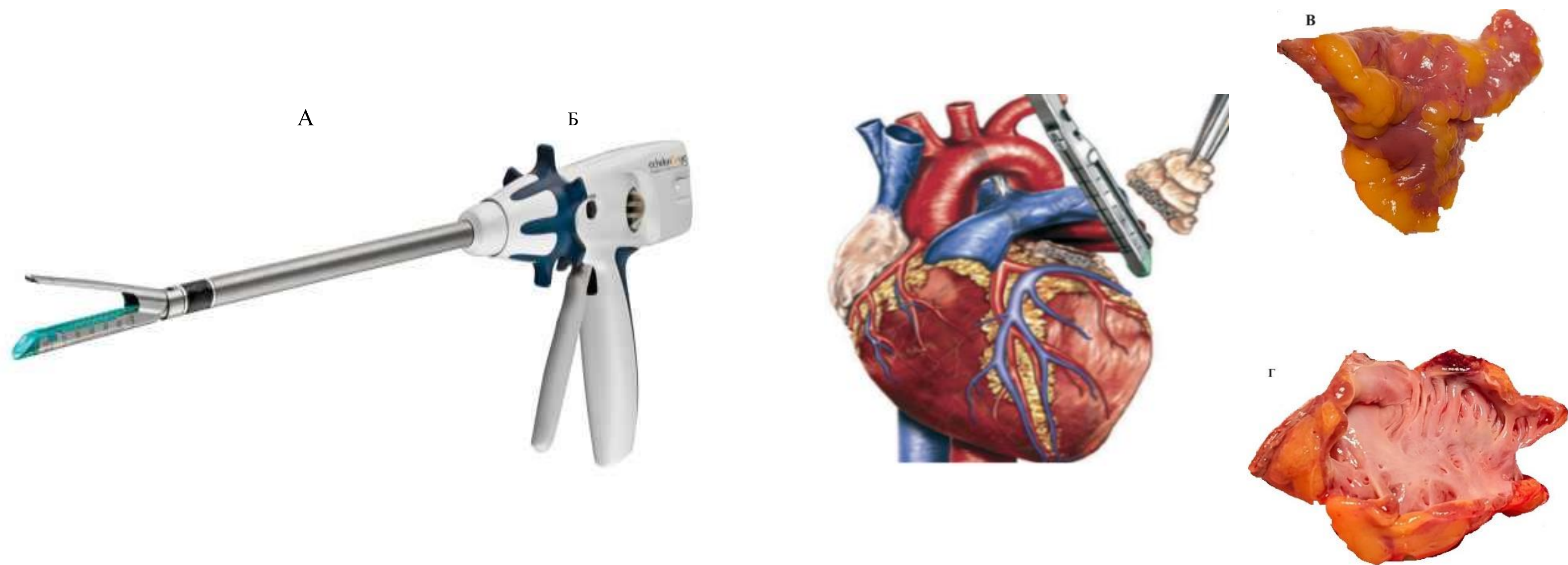
Thoracoscopic techniques currently hold a leading position in the treatment of isolated forms of atrial fibrillation. Thoracoscopic left atrial appendage exclusion is one of the stages in thoracoscopic treatment of AF.

Materials and methods

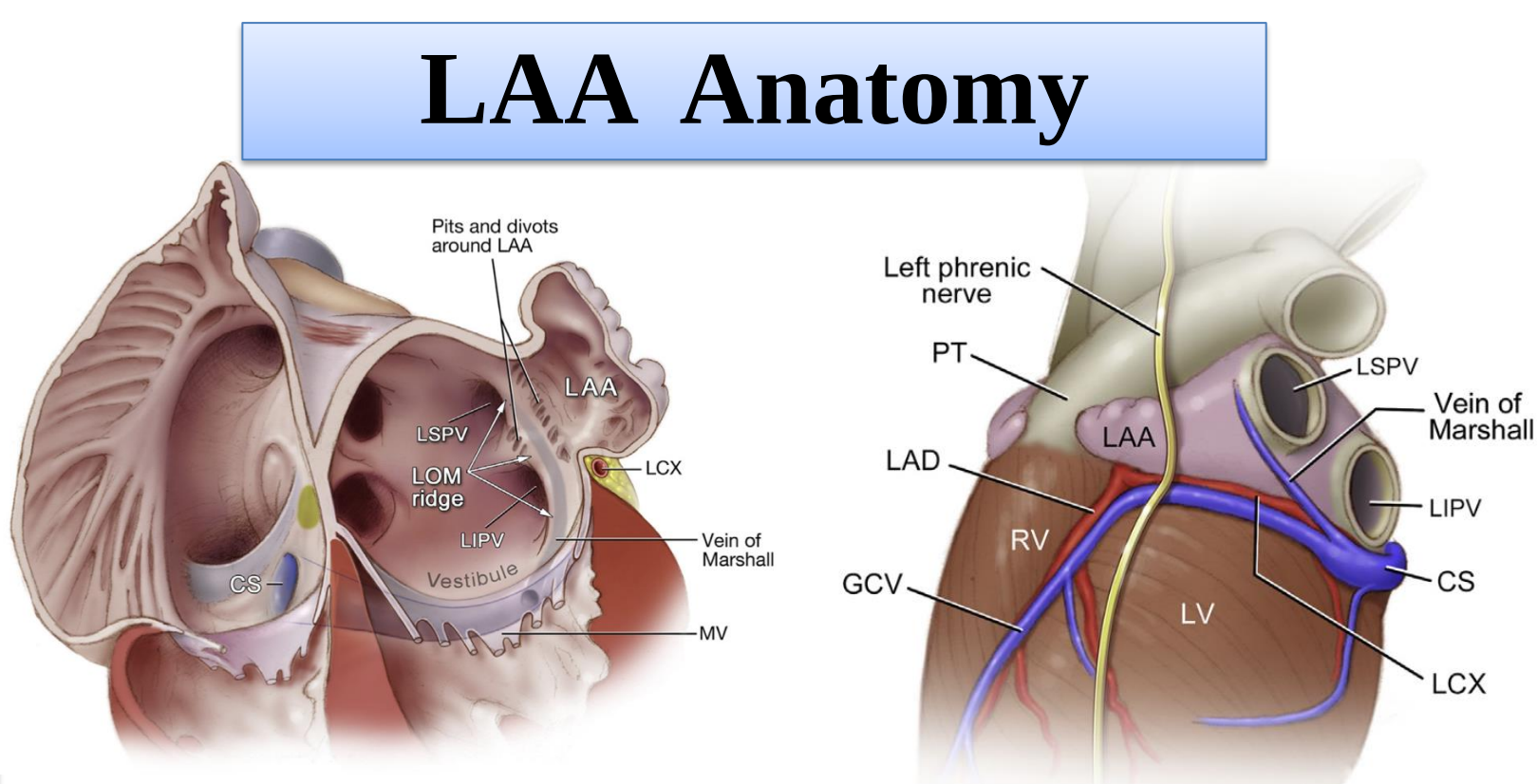
A retrospective single-center study included 314 patients with various forms of atrial fibrillation who underwent thoracoscopic treatment using the L-R-L technique with LAA amputation.

An effective closure of the LAA was defined as a residual stump less of than 10 mm based on transesophageal echocardiography data.

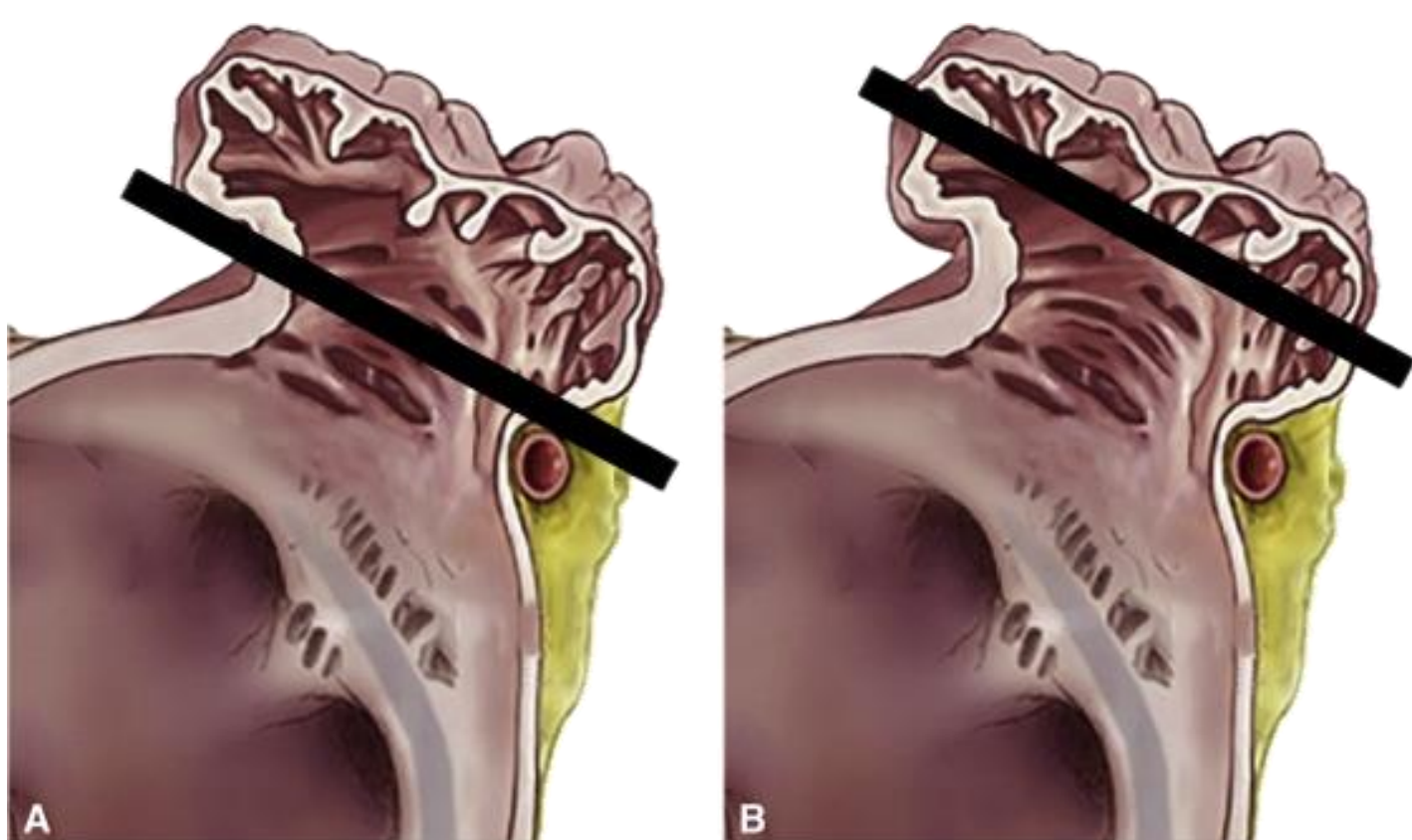
Surgical technique left atrial appendage exlusion using endostepler



- Males constituted 67.5% (212 patients);
- The mean age of participants was 60 ± 9.4 years.
- Paroxysmal atrial fibrillation(Φ) was observed in 131 patients (41.7%).
- Among the entire cohort, 256 patients (81.5%) had a CHA2DS2-VASc score of 2 or higher; 15 patients (5%) had a HAS-BLED score of 3 or higher.
- A history of ischemic stroke was noted in 28 patients (9.3%); the "cauliflower" shape of the LAA was predominant among those with a history of stroke (12.5%).



LAAO failure



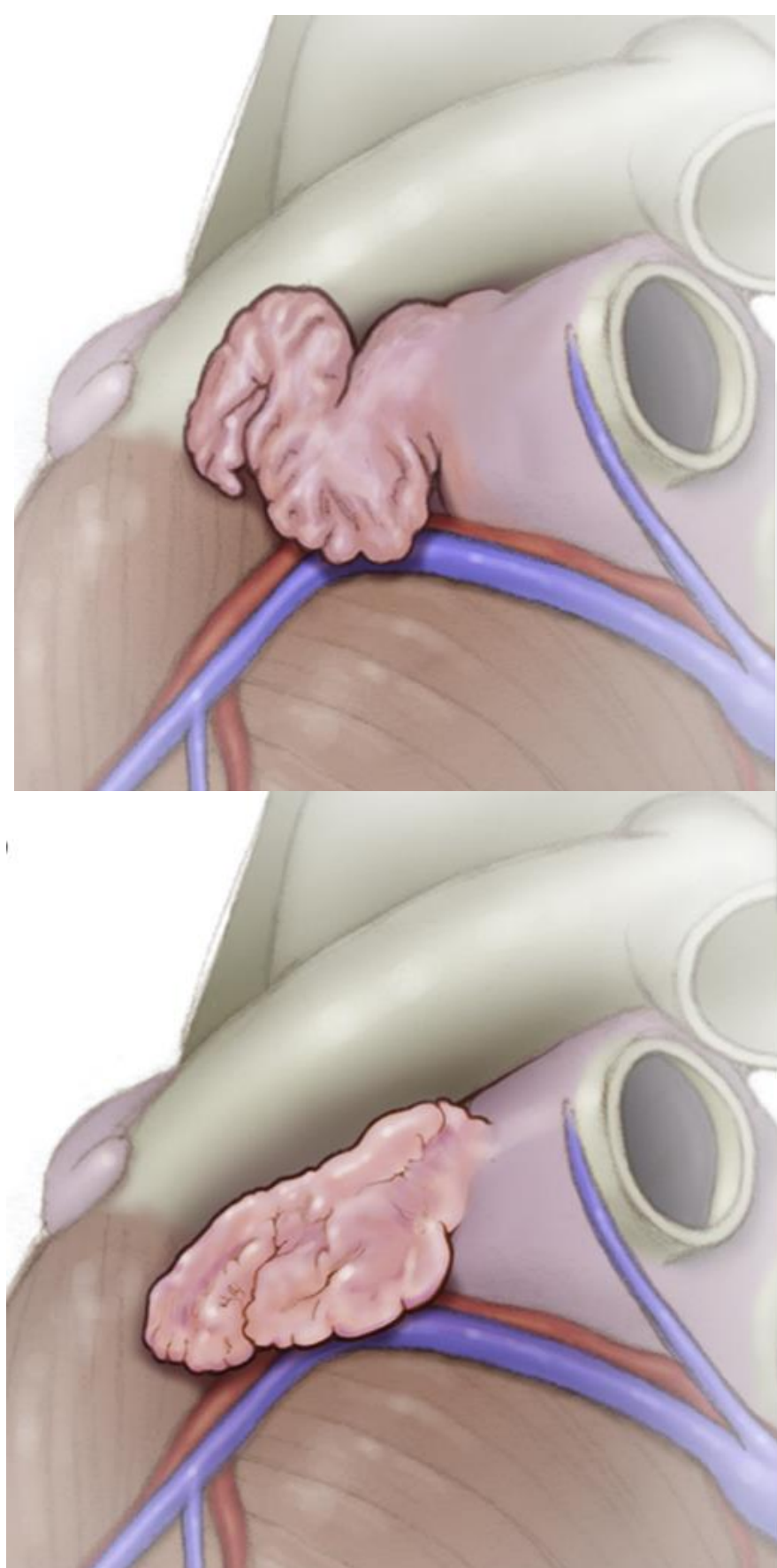
Results

- After amputation, the average dimensions of the ampullar part of the LAA were 5.8 x 4.4 mm.

The technical success of the LAA removal procedure was confirmed in 177 patients (80.82%).

No cases of acute cerebrovascular accidents or transient ischemic attacks were reported during the hospital stay within the observed patient group

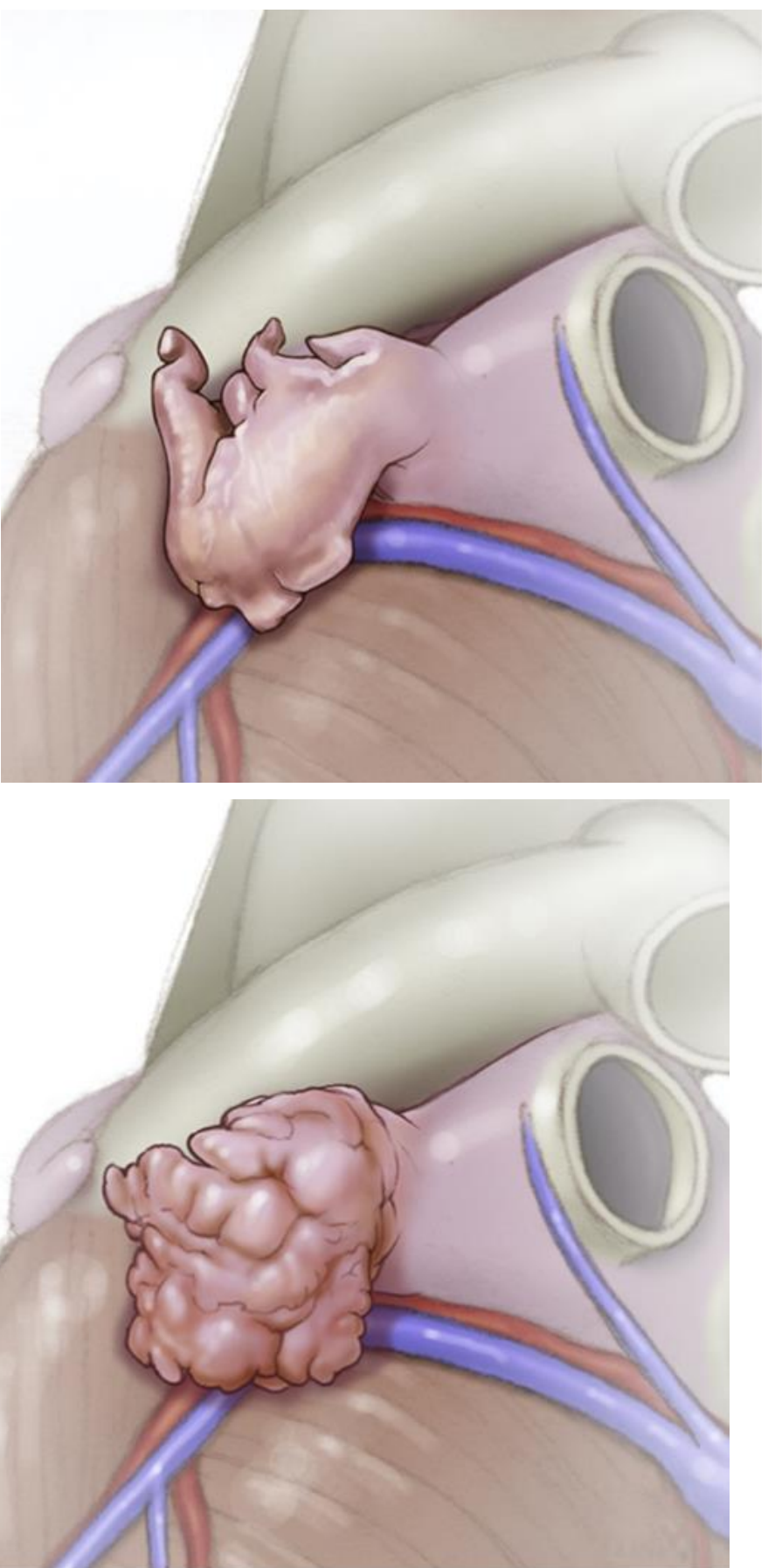
Follow –up



chicken wing – less likely to have a stroke/TIA history (OR 0,21 95% CI: 0,05-0,91)

- *cactus* – OR 4.08 (95% CI: 1.89-22.50)
- *windsock* - OR 4.8 (95% CI: 1.89-22.50)
- *cauliflower* – OR 8.02 (95% CI: 0.92 – 27.86)

Wang e.a. morphologic classification is established on the bends or angles in the LAA.



Conclusion

✓ Isolation of the left atrial appendage using an endostapler during thoracoscopic treatment of atrial fibrillation according to the L-R-L technique is an effective procedure with a high safety profile