Management Of Left Atrial Appendage Exclusion During Maze V Procedure And Cabg

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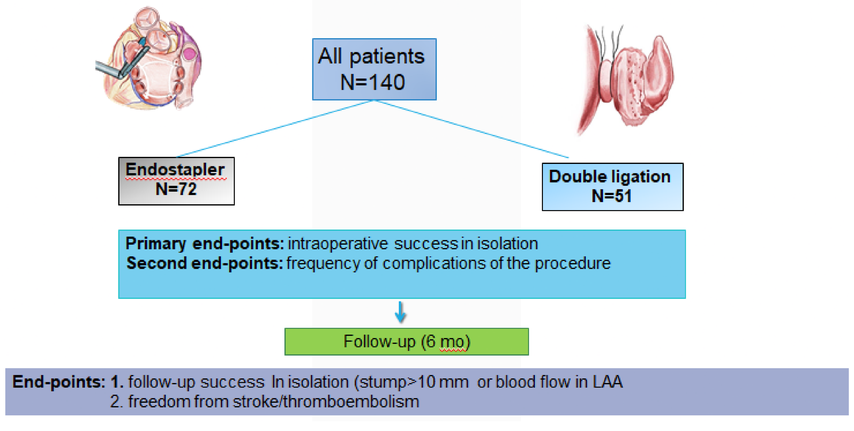
Objection

Surgical exclusion of the left atrial appendage (LAA) in concomitant Maze V procedure during CABG can reduce the risk of stroke and improve outcomes.

Materials and methods

Design of study

The study included 140 pts who underwent CABG and concomitant Maze V procedure, in whom LAA was surgically isolated.
Two groups were obtained using LAA exclusion method: double ligation (n=51, G1) and amputation with an endostapler (n=72, G2).



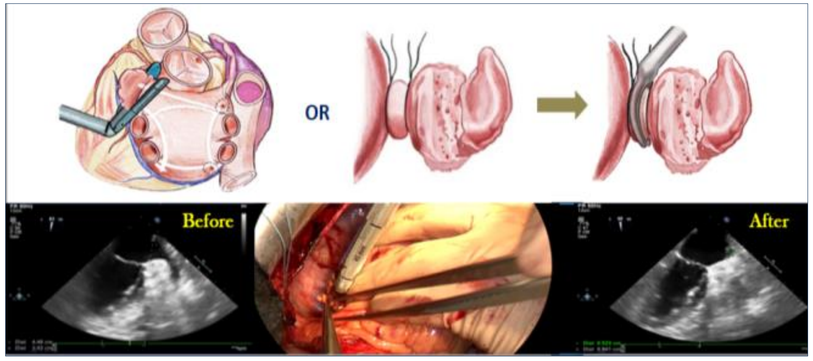
End-points: 1. follow-up success In isolation (stump>10 mm or blood flow in LAA
2. freedom from stroke/thromboembolism

Surgical technique

- ✓ On-pump, beating heart
- ✓ Bipolar clamp
- ✓ Maze V procedure
- ✓ LAA double ligation/ Endostapler
- • Convention CABG

Parameters	Double ligation(n=51)	Endostapler (n=72)	P
Age, m±SD	62,7±8,1	63±7,5	0,961
Male, n(%)	47(92,2%)	61(84,7%)	0,135
Parox.AF, n(%)	34(62,7%)	32(44,4%)	0,102
Non-parox. AF, n(%)	17(37,3%)	40(55,6%)	0,102
Stroke, n(%)	8(15,7%)	7(9,7%)	0,218
Antiarrhythmic therapy duration,n(%)	4,7±1,8	4,4±2,1	0,831
LA volume, ml, m±SD	82±28,8	84,9±33,7	0,374
LA+LAA volume(CT data),m±SD	142±62,1	144±54,9	0,511
LAA vol (CT data), m±SD	10,4±4	10,5±5,7	0,842
LA size, mm, m±SD	45±8,1	45±7,7	0,931

NO STATISTICAL DIFFERENCE!!!



Maze V: ligation and ablation or amputation of the left atrial appendage.

RESULTS

In-hospital results

Parameters	Double ligation(n=51)	Endostapler (n=72)	P
Single amputation of LAA, n(%)	-	68	-
60 mm cassette	-	56	-
45 mm cassette	-	12	-
Using an additional stapler cassette (45 mm), n(%)	-	4	-
Successful closure , n(%)	47(92,1%)	70(97,2%)	0,346
stump >10mm, n(%)	4(7,9%)	2(2,8%)	0,302
perfusion of LAA, n(%)	0	0	-

Follow-up (6 mo)

Parameters	Double ligation(n=51)	Endostapler (n=72)	P
Death	0	0	-
Stroke/TIA	0	0	-
Discontinuation of AT therapy	43(84,3%)	69 (95,8%)	0,271
AF recurrence	5(9,8%)	3(4,2%)	0,523
Successful closure , n(%)	43(84,3%)	70(97,2%)	0,041
stump >10mm, n(%)	4(7,9%)	2(2,8%)	0,302
perfusion of LAA, n(%)	4(7,9%)	0	-

CONCLUSION

Among the technologies for LAA elimination during CABG operations, it is recommended to use amputation using an endostapler.