



## **PFO occlusion: Tips and tricks**

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#### Pathological specimens of PFO

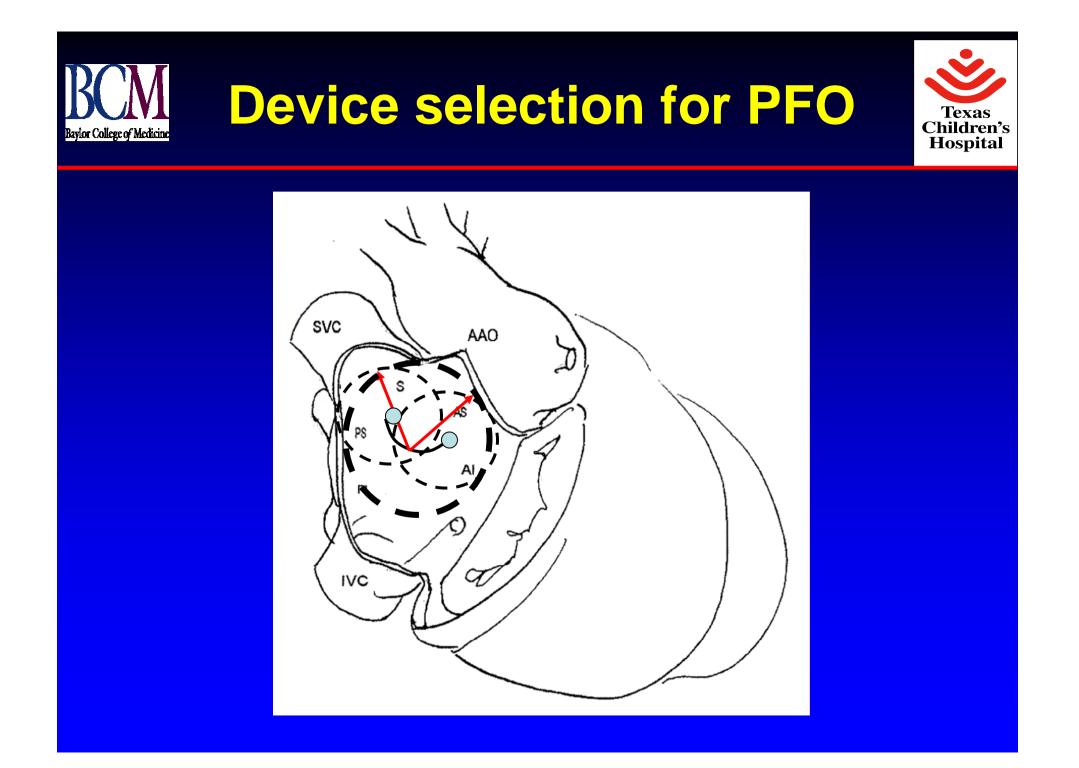


#### View from right atrium

#### View from left atrium



QuickTime?and a TIFF (Uncompressed) decompressor are needed to see this picture.



## **Baylor College of Medicine** Different PFO morphologies



#### Long tunnel

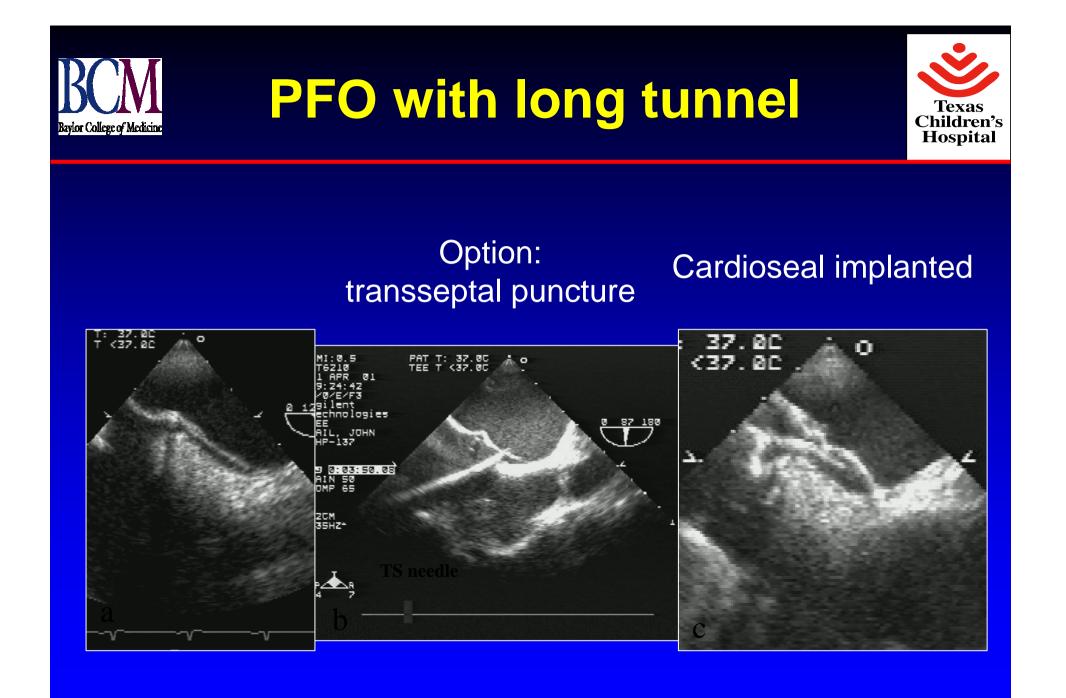


#### Additional ASD



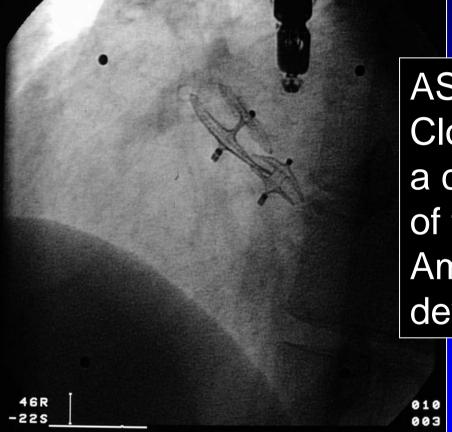
#### Septal aneurysm





#### Amplatzer septal occluder PFO / ASD



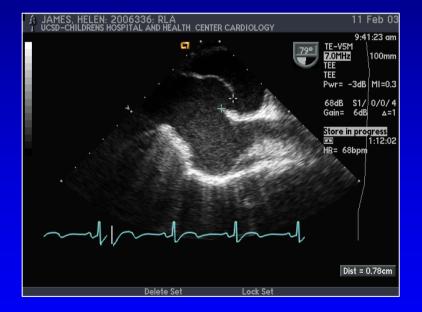


ASD/PFO Closure using a combination of two Amplatzer devices



#### 63 yo (s/p CVA x2) w/ PFO & aneurysmal septum



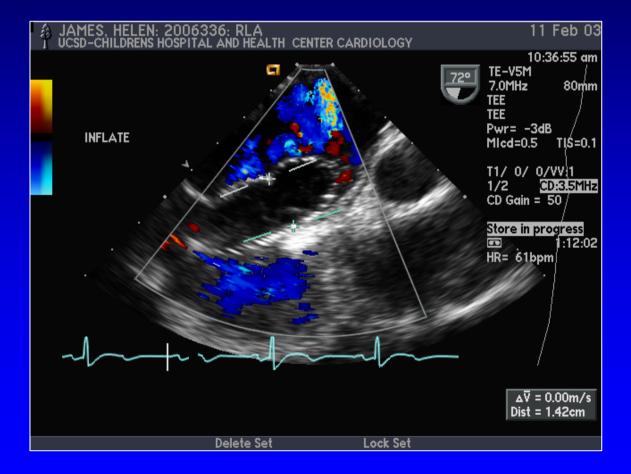


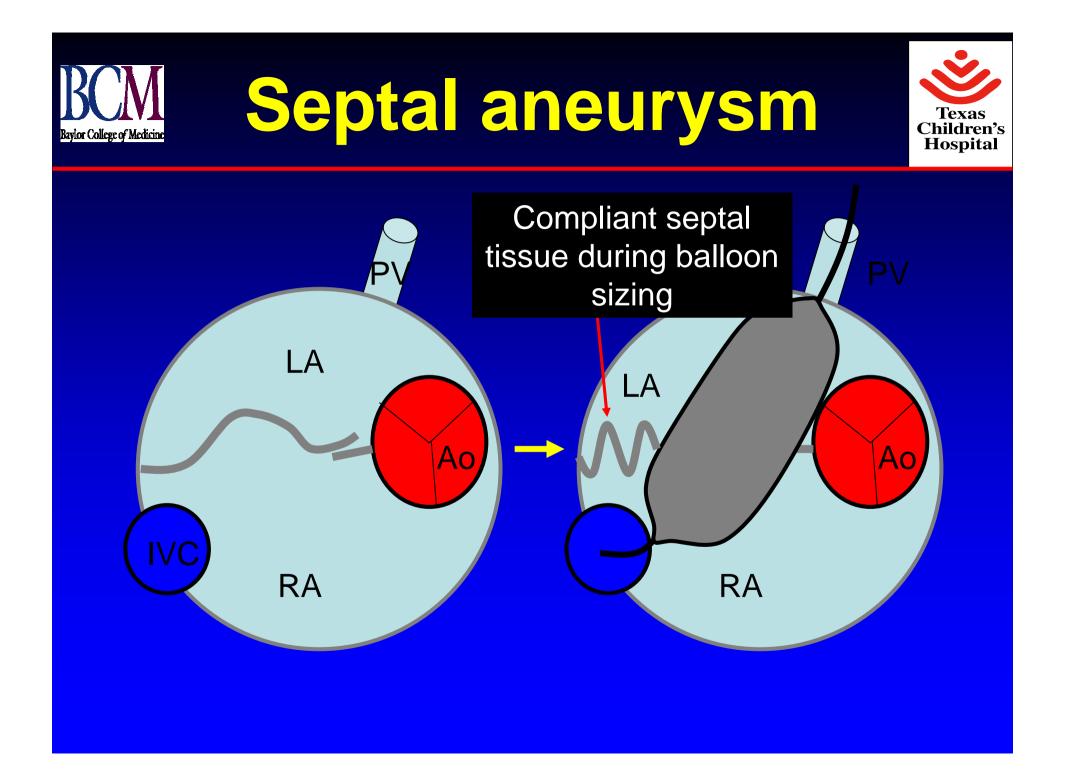


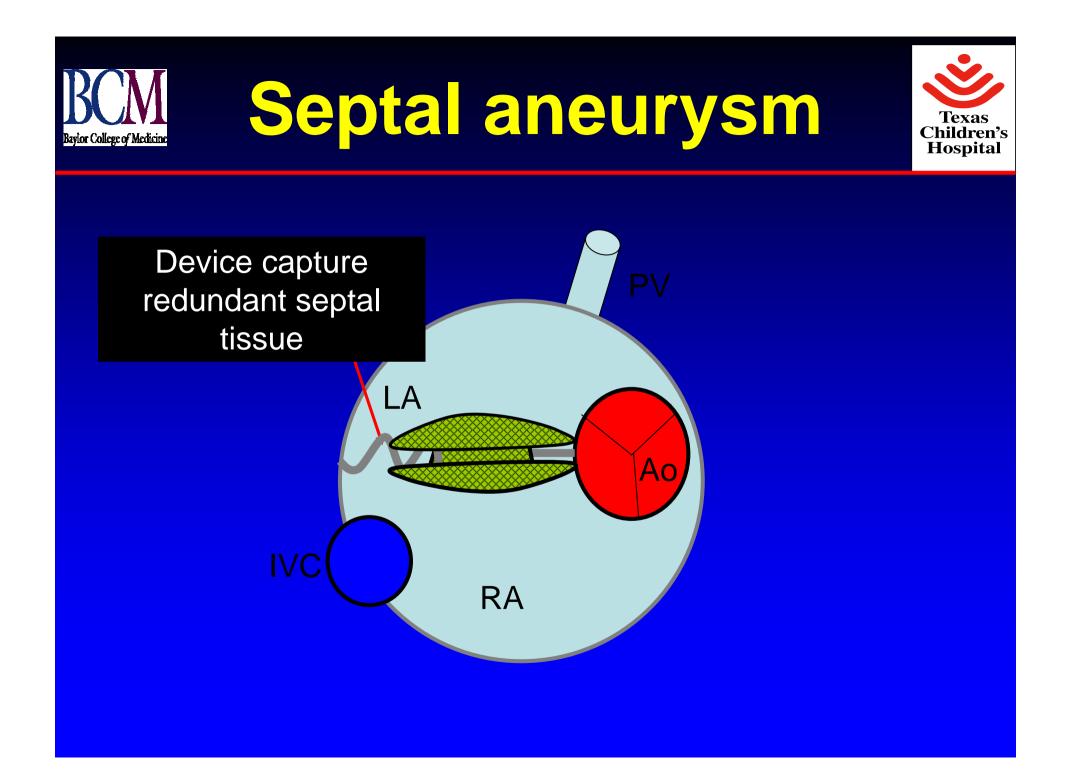
### **Test balloon occlusion**



Stretched diameter 14.2 mm









### Mechanism of device embolization



svc AAO PS **p**i IVC

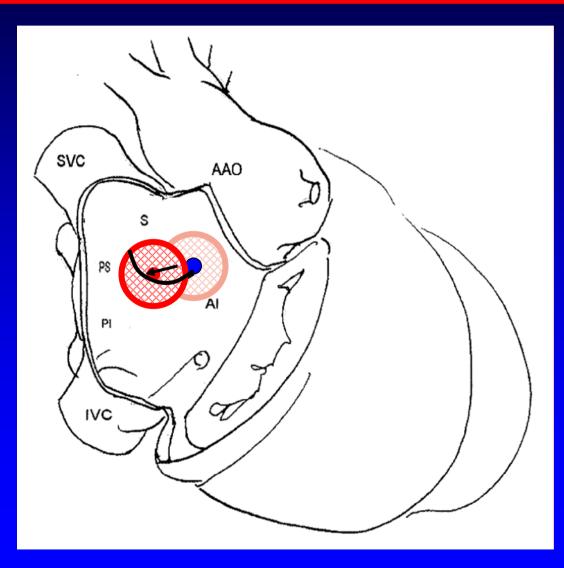
Device slid posteriorly along crest of PFO



### Mechanism of device embolization



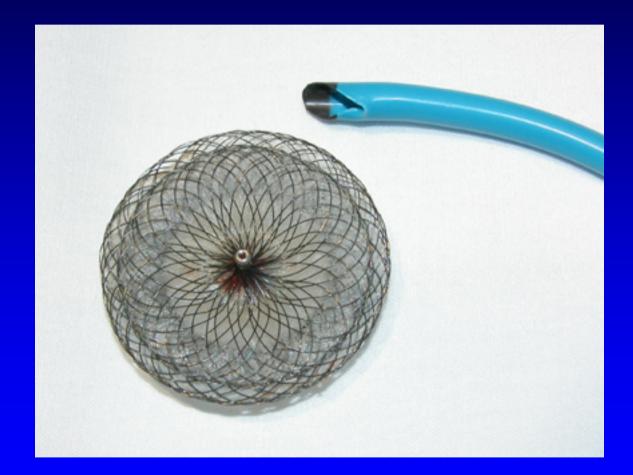
Device embolize to LA





## Bevel-cut sheath to enlarge entrance



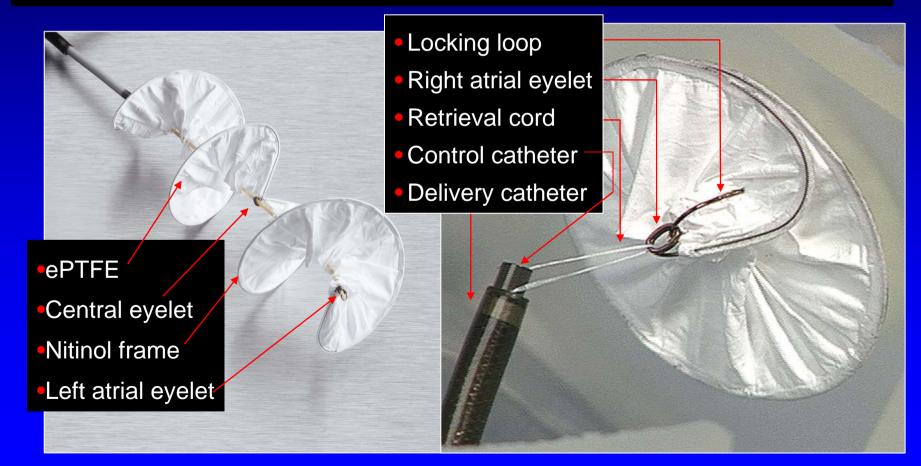




## Helex septal occluder



Double ePTFE patch supported on helical nitinol wire frame
Delivered via 10 Fr sheath

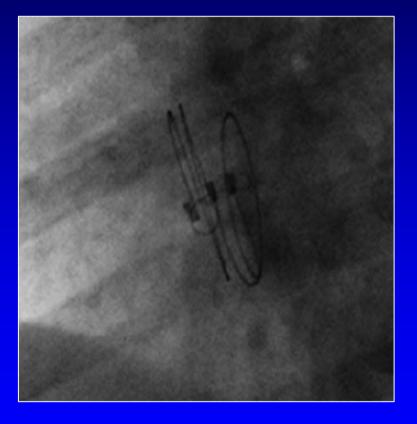




# Flat profile & low metal mass





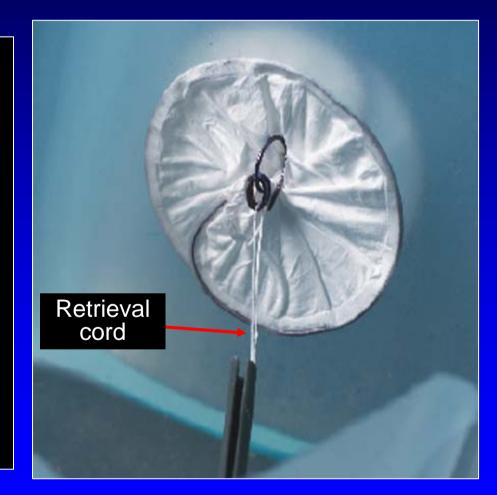




### **Easily retrievable**



- After release, retrieval cord maintains connection between device and delivery system
- Allows tension-free confirmation of device position after lock release and easy retrieval if needed.





## Hydrophilic coating



- Hydrophilic coating facilitate immediate wetting of membrane
- Clear echo
   visibility of device





#### Helex septal occluder Gross Pathology-12 month post-implant









- Occlusion of most PFOs are straight forward
- But some have unusual anatomy such as a long tunnel, aneurysm and additional communication that need special attention and technique
- Need to learn how to retrieve an embolized device