

Embolization of an ASD Device: Tips and tricks of Retrieval in an intense Military environment

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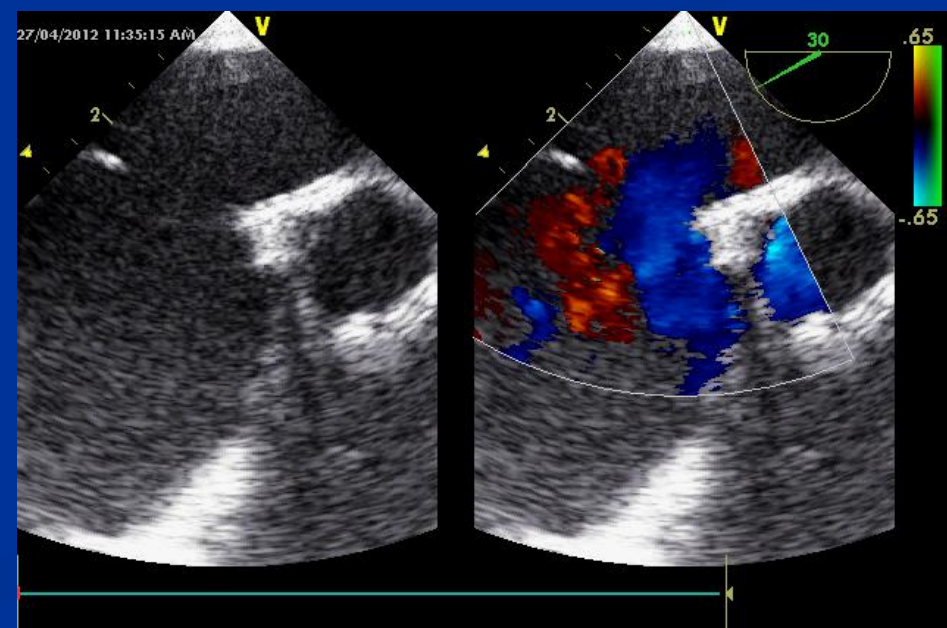
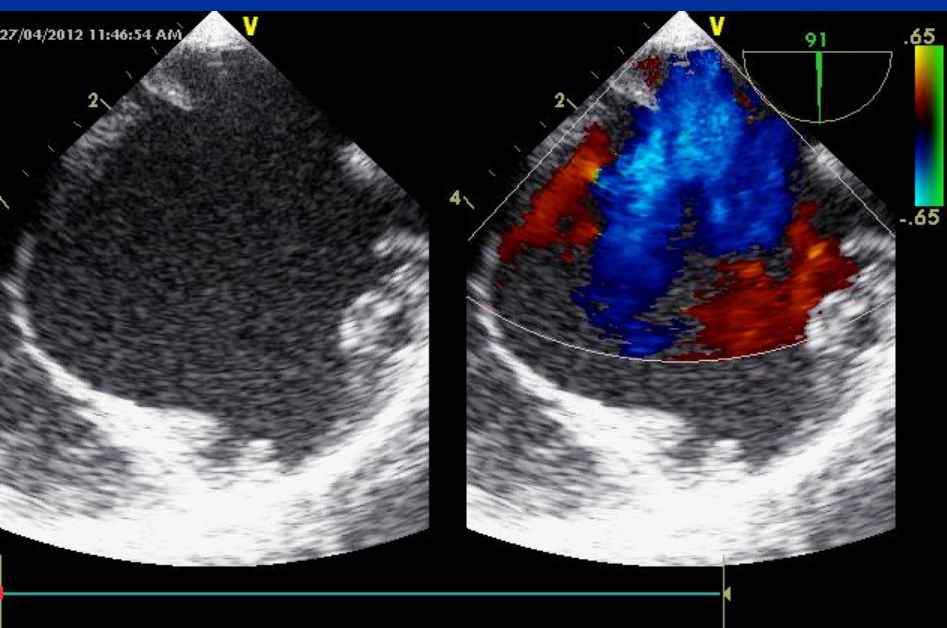
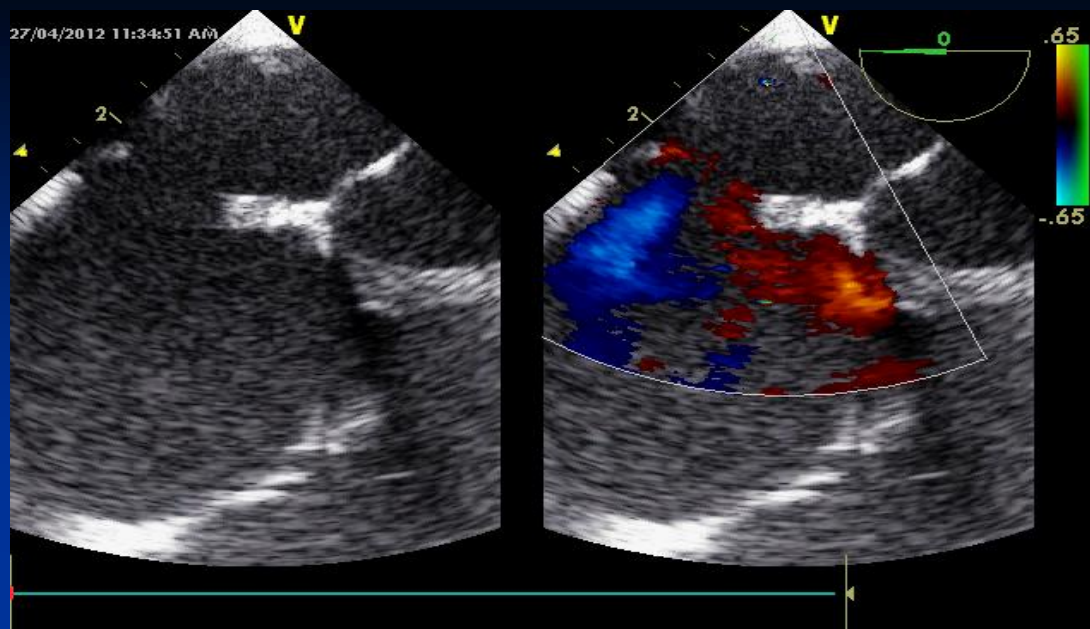
Background

- A 26-year-old woman with a large secundum ASD was scheduled for a live-in-box
- A national cardiology meeting organized by the Army Cardiac Center, Lahore
- Paediatric cardiologist from Pakistan Army- a Colonel had to be part of the team.

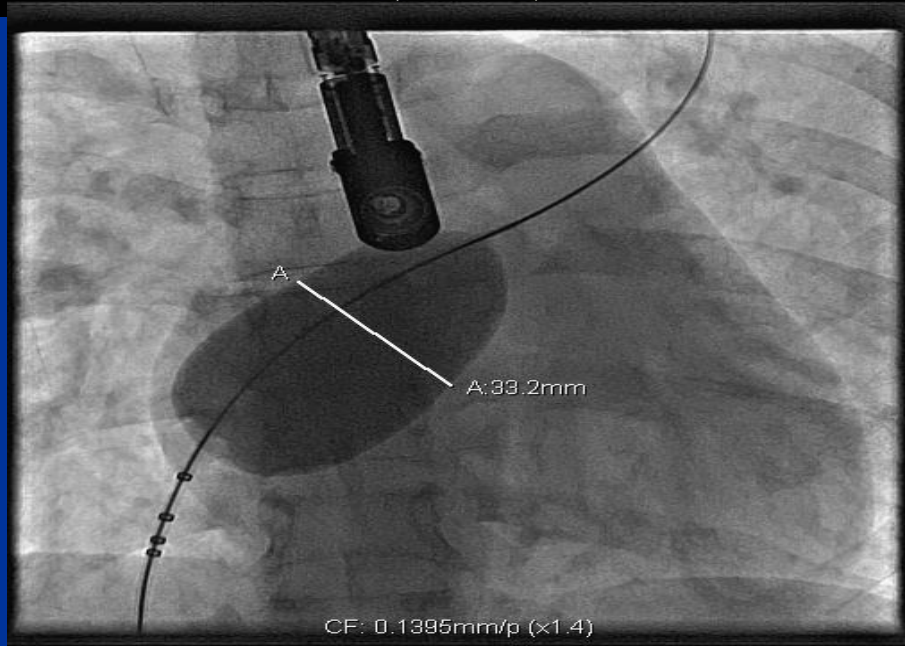
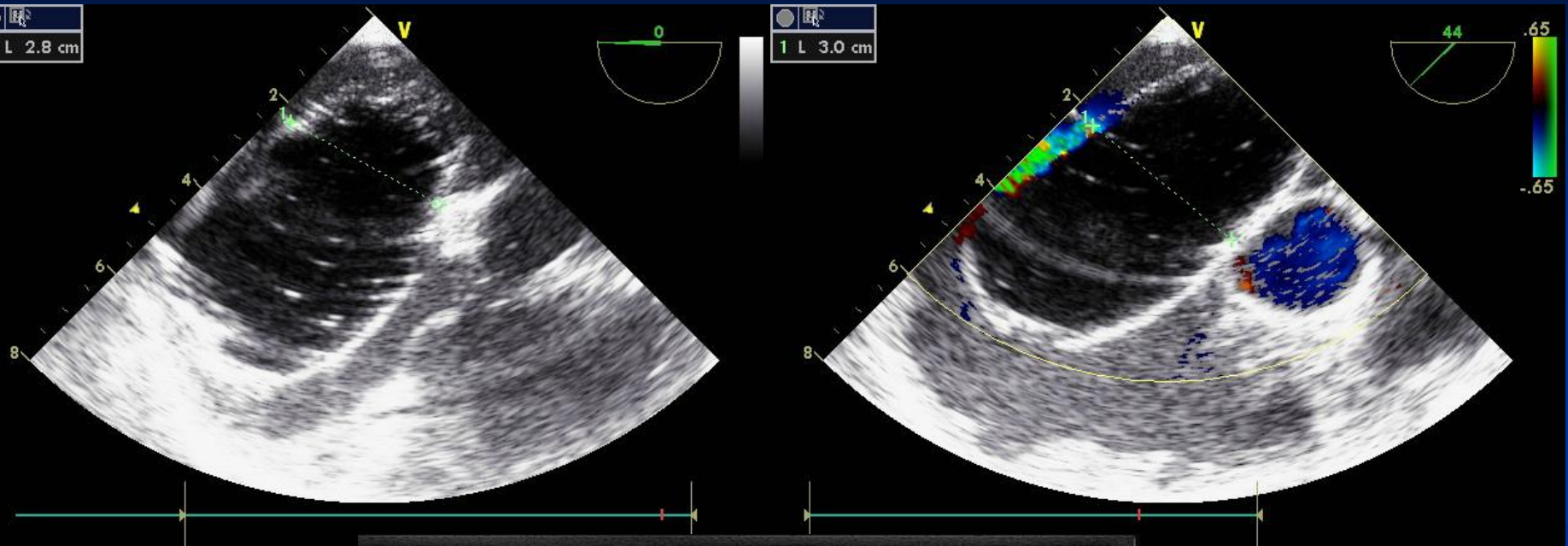








Balloon Sizing



Procedure

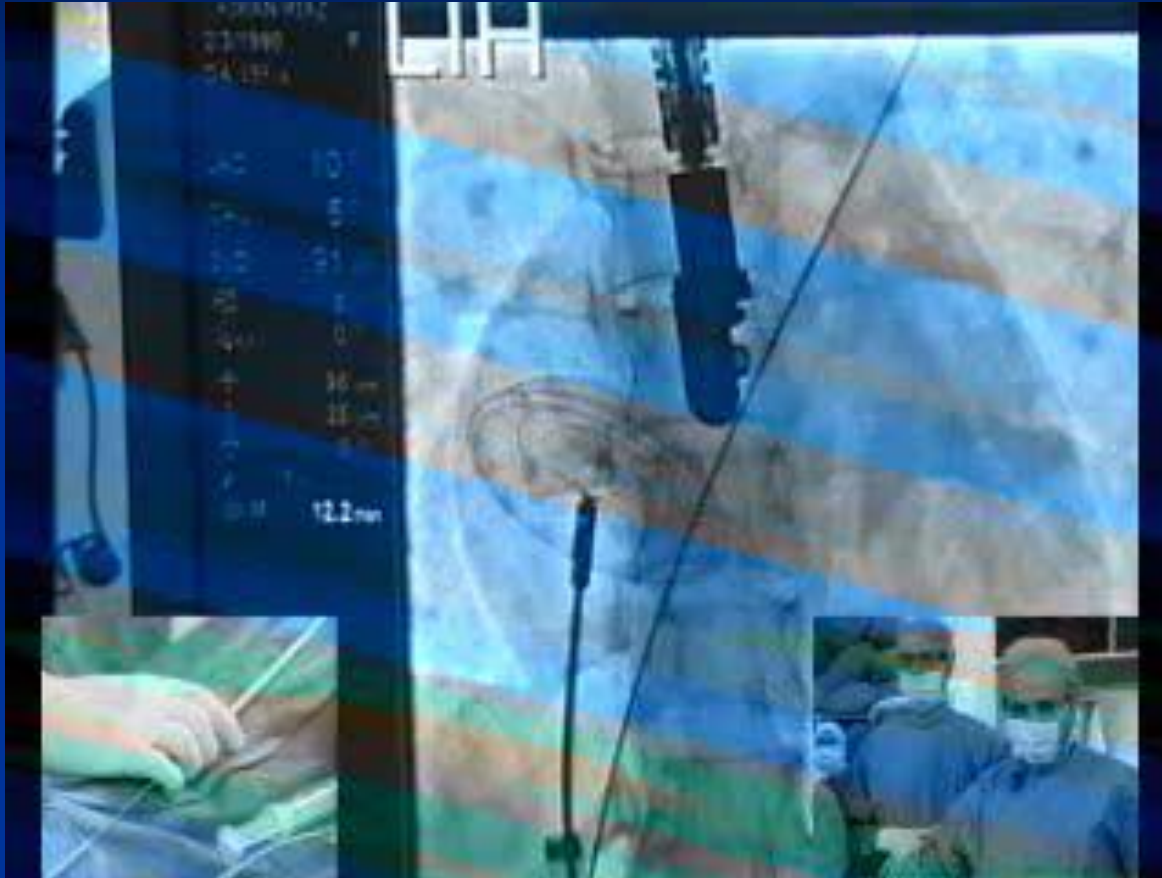
- A 36mm Occlutech device was loaded and locked using the new delivery system by the Army cardiologist



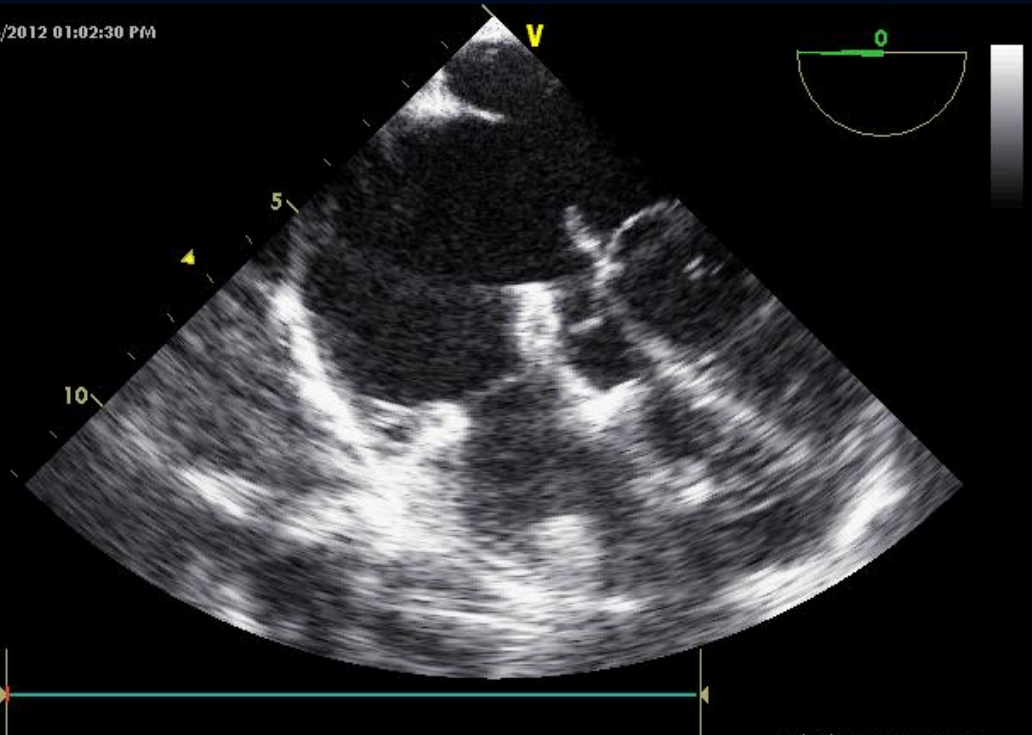
Procedure

- 16F long Cook sheath
- RUPV technique
- Both discs delivered but the position was not satisfactory
- It was decided to capture the device into the sheath and go with balloon assisted technique
- But!!

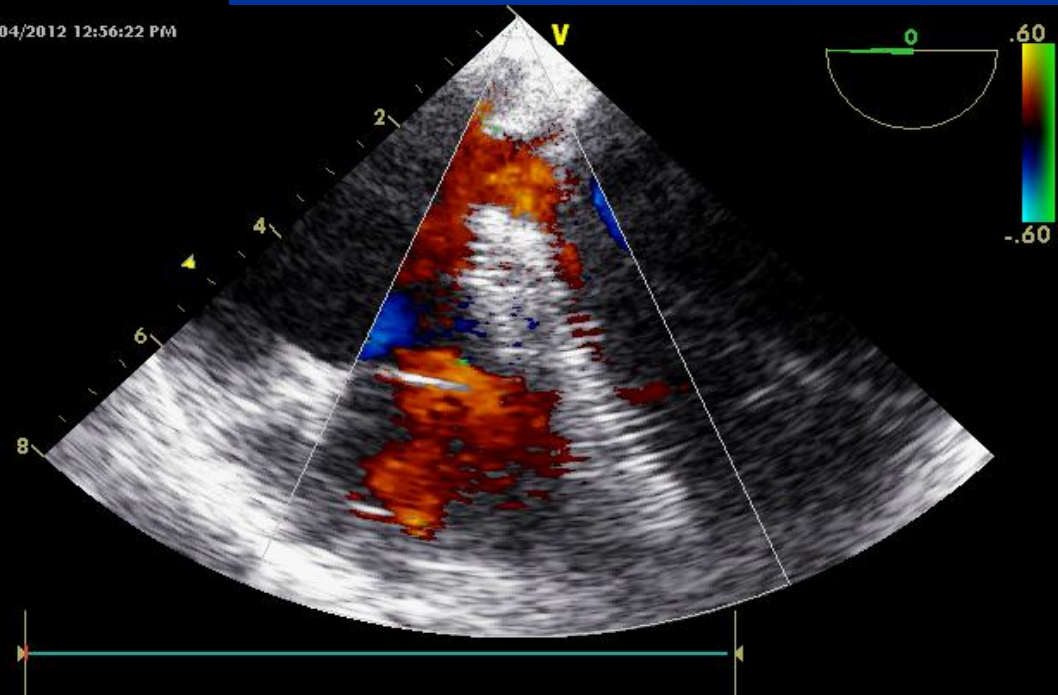
Recapturing the device



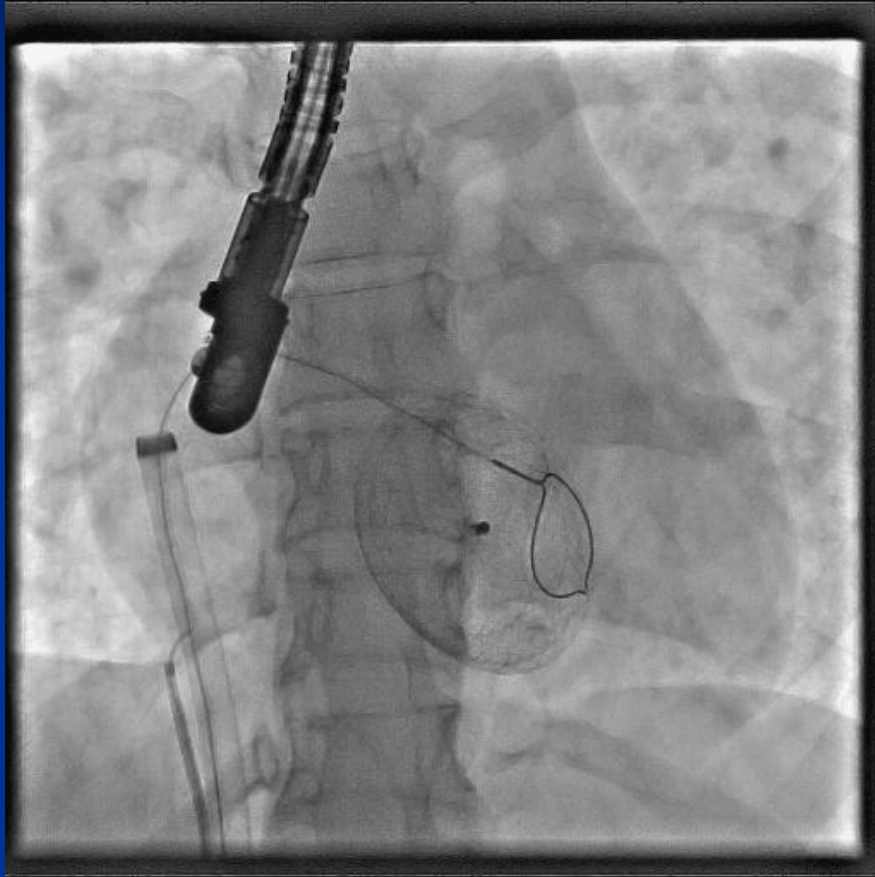
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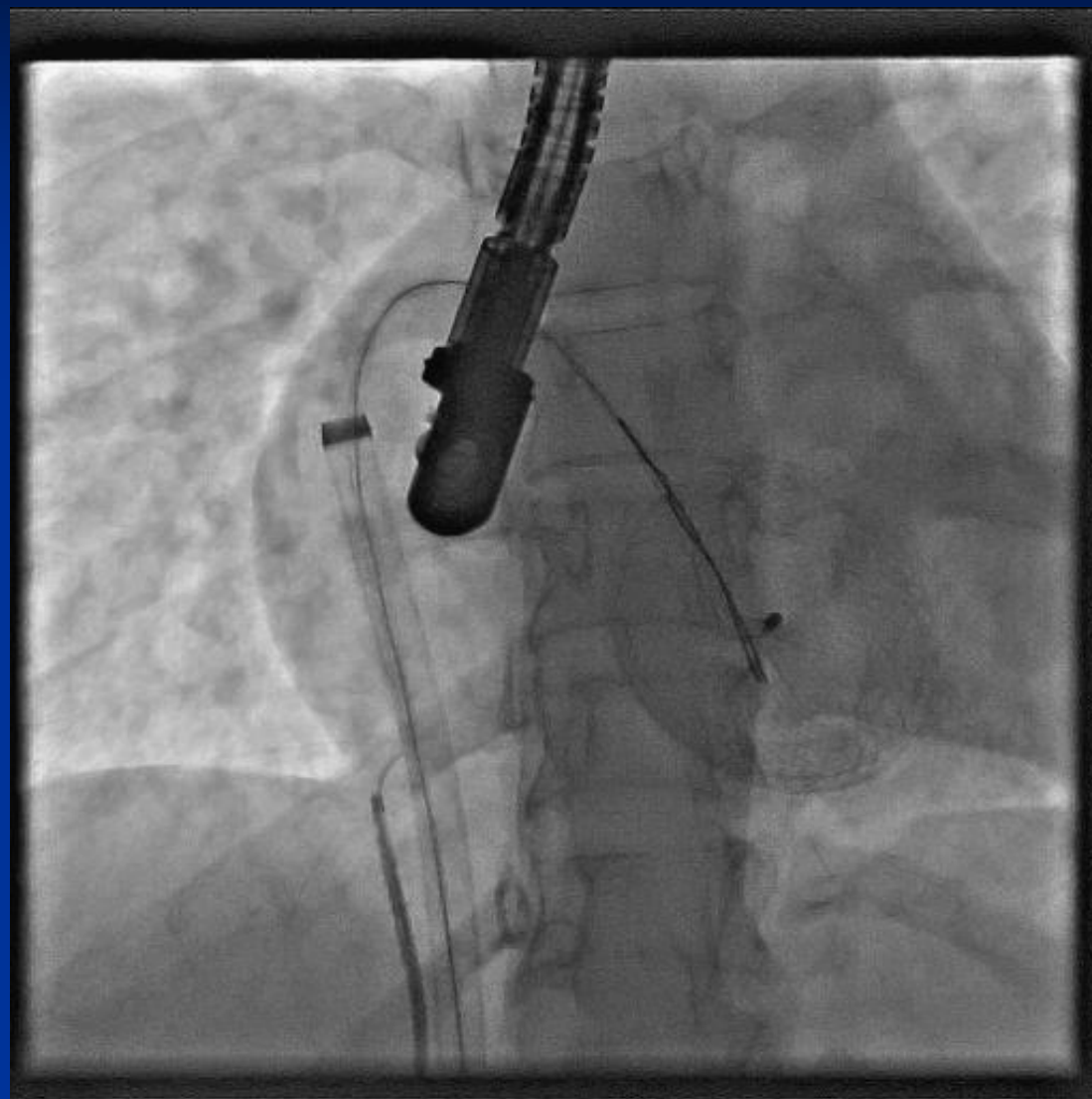
Capture 1



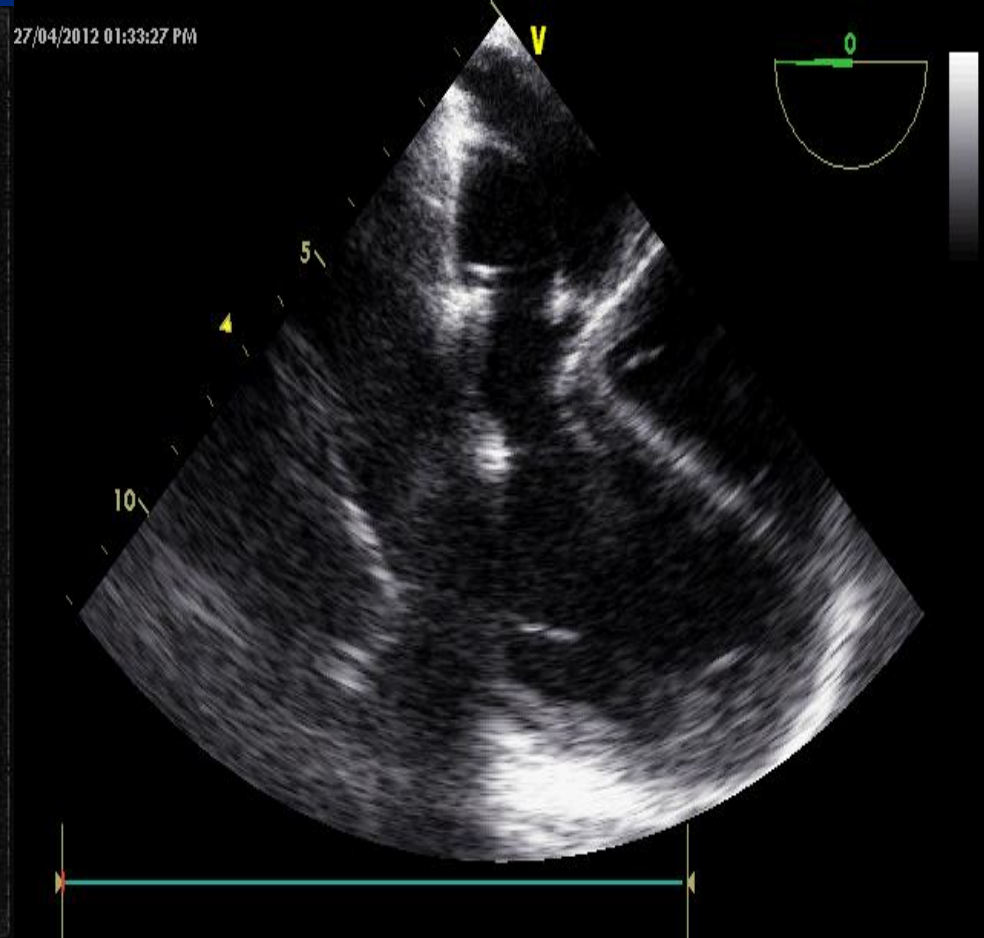
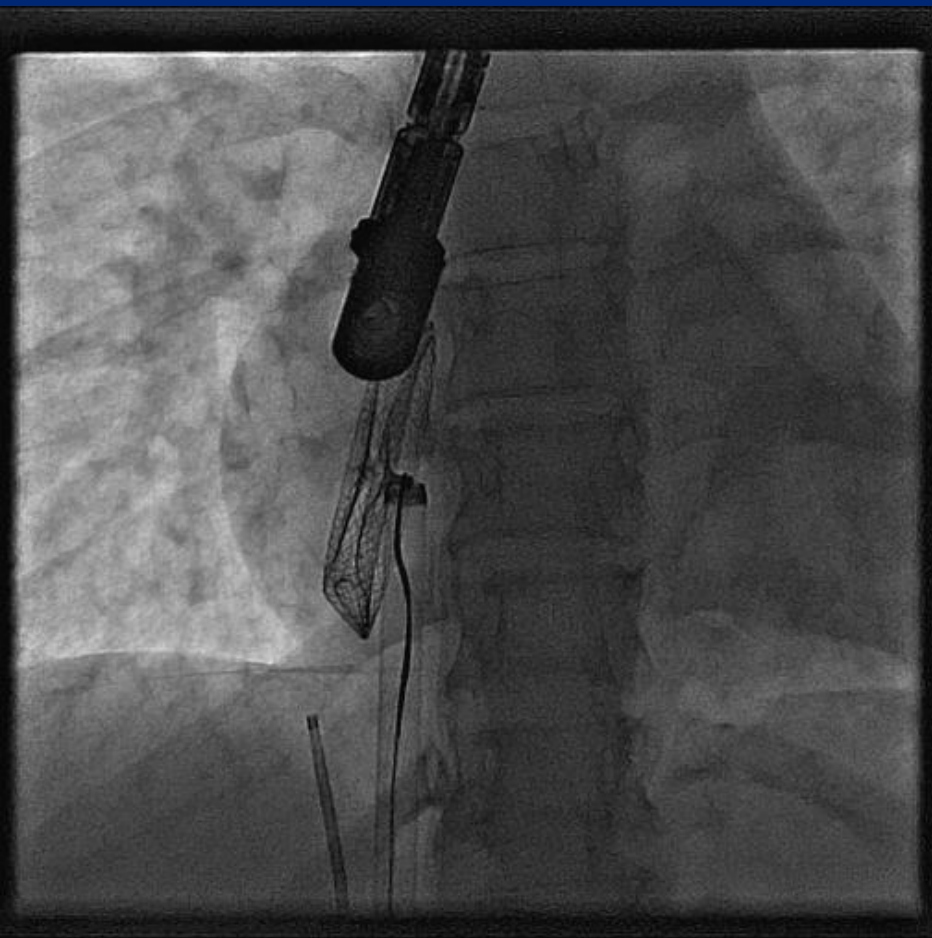
Embolization 2



Capture 2



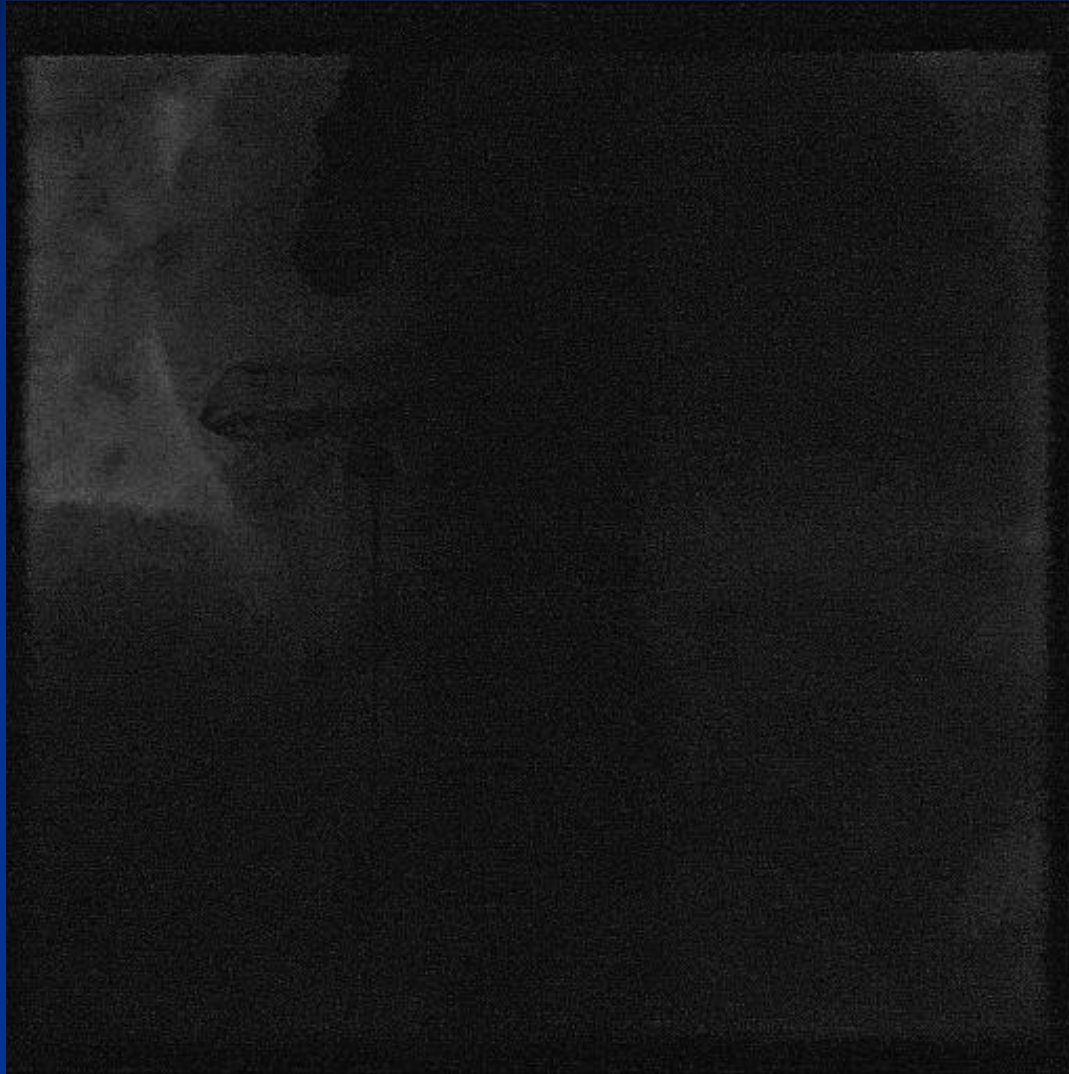
Capture 2 RA



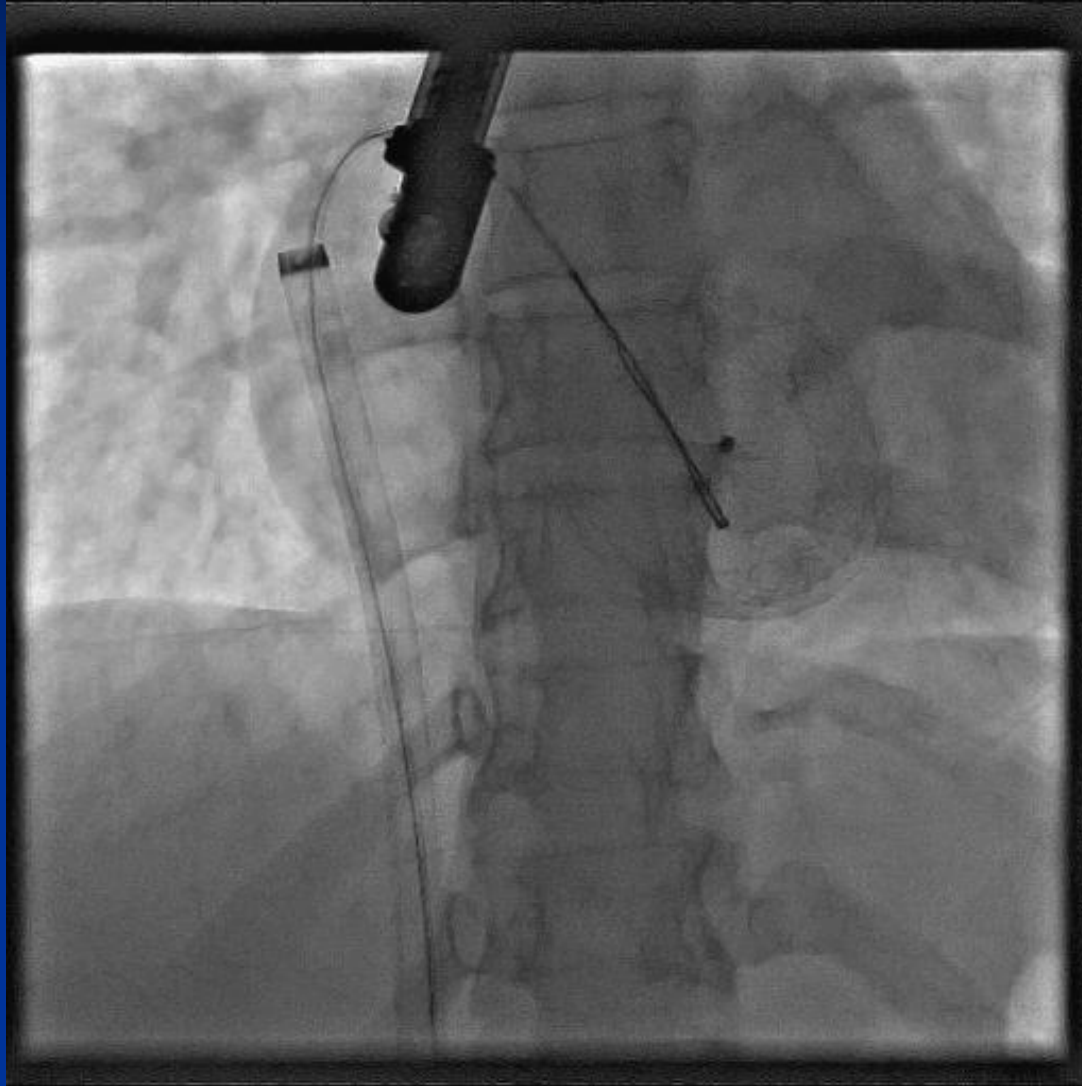
Embolization 3



Embolization 4



Capture 4



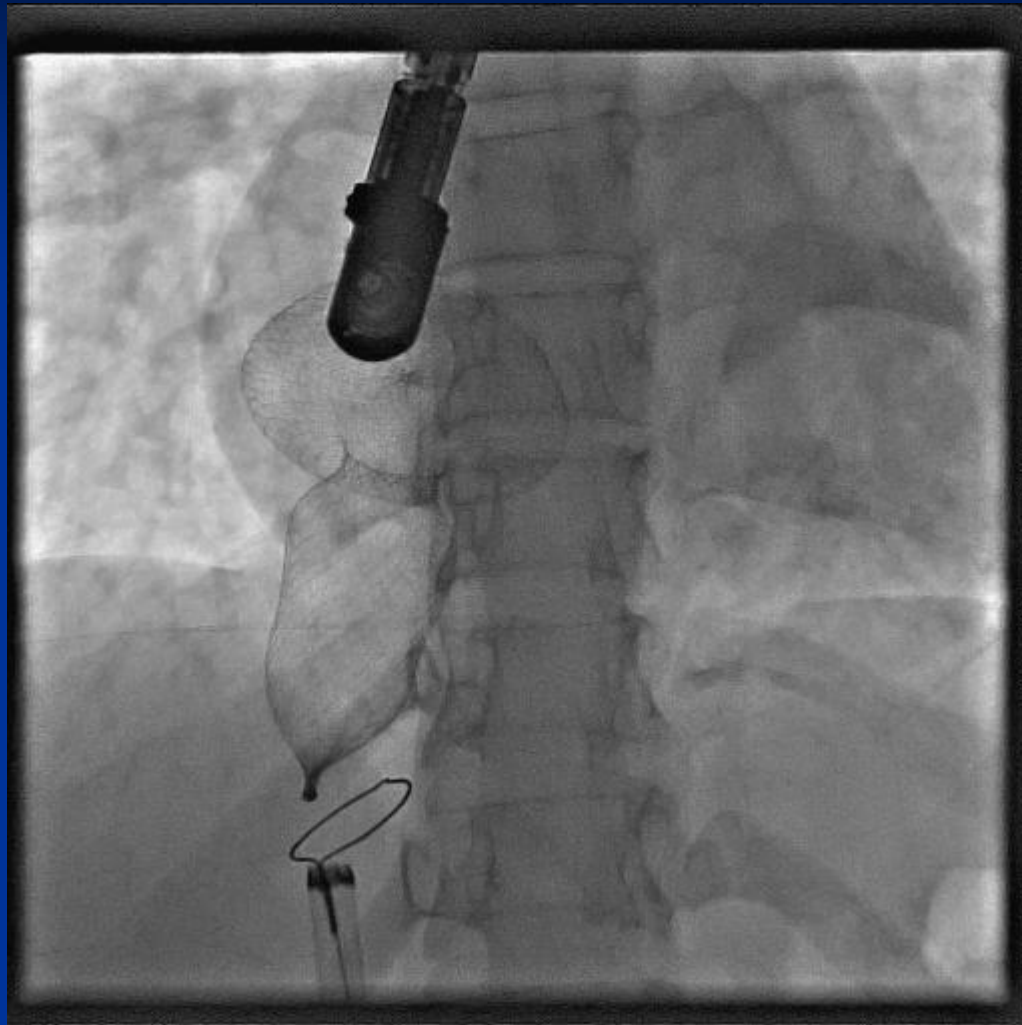
Embolization 5



Embolization 6



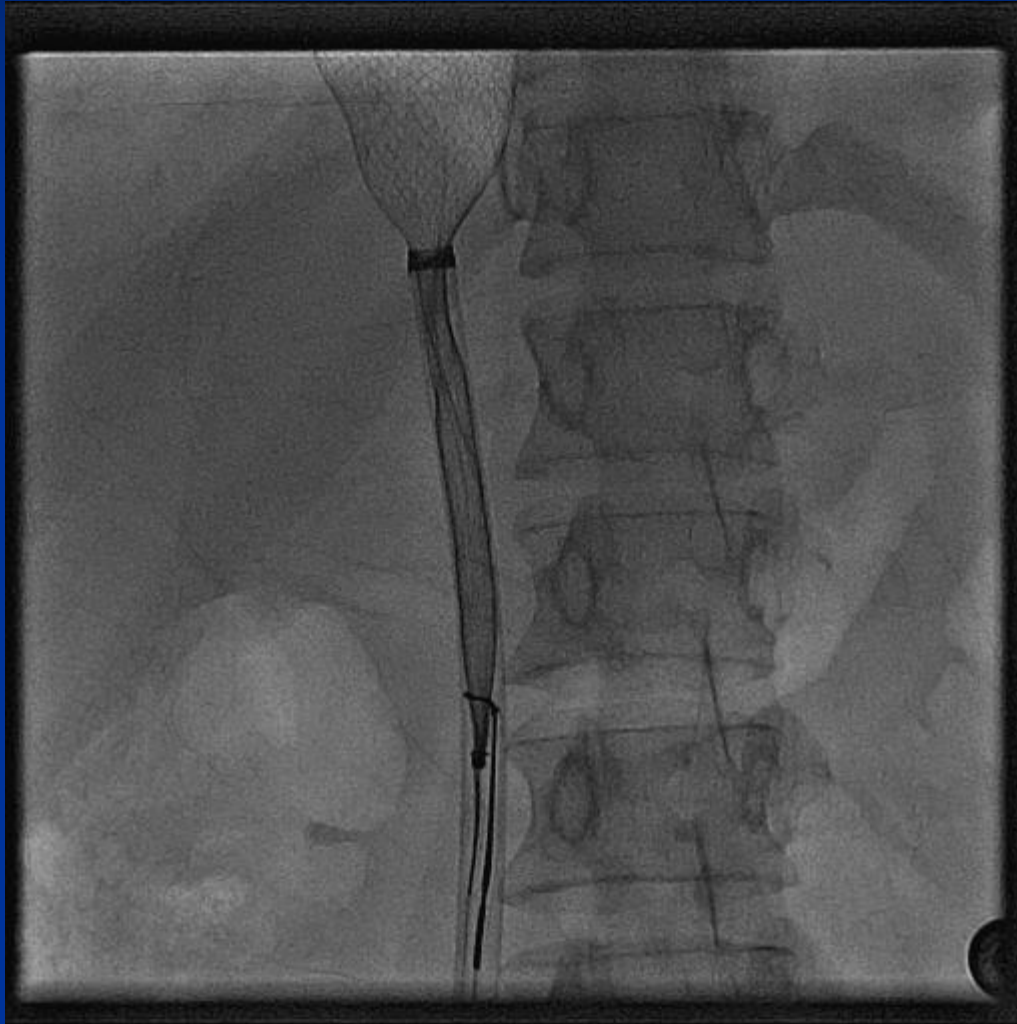
Capture 6



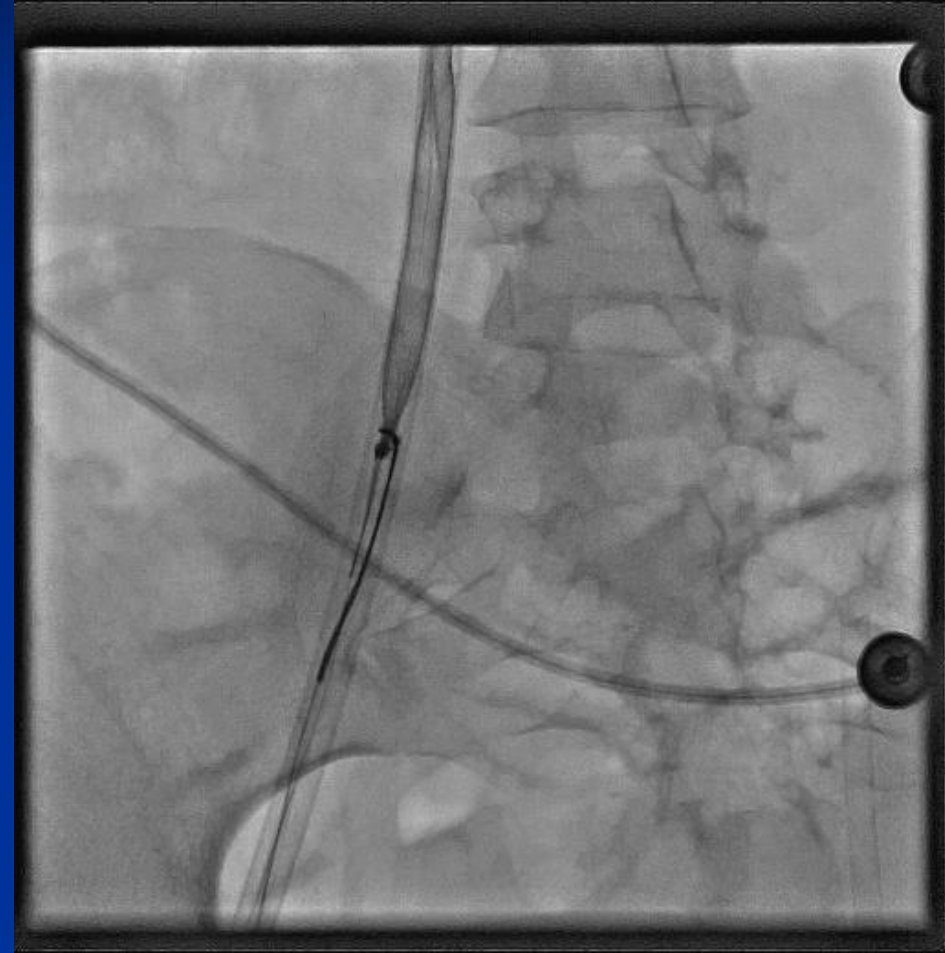
Capture 7



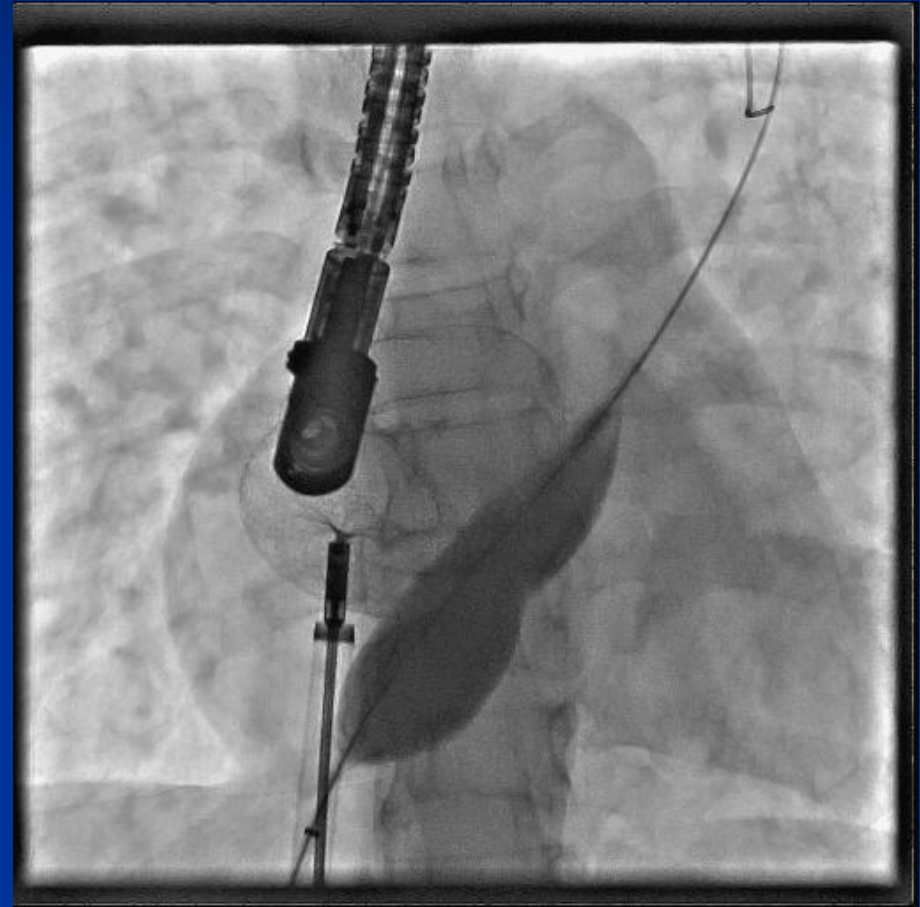
Double snare technique- Capture 8



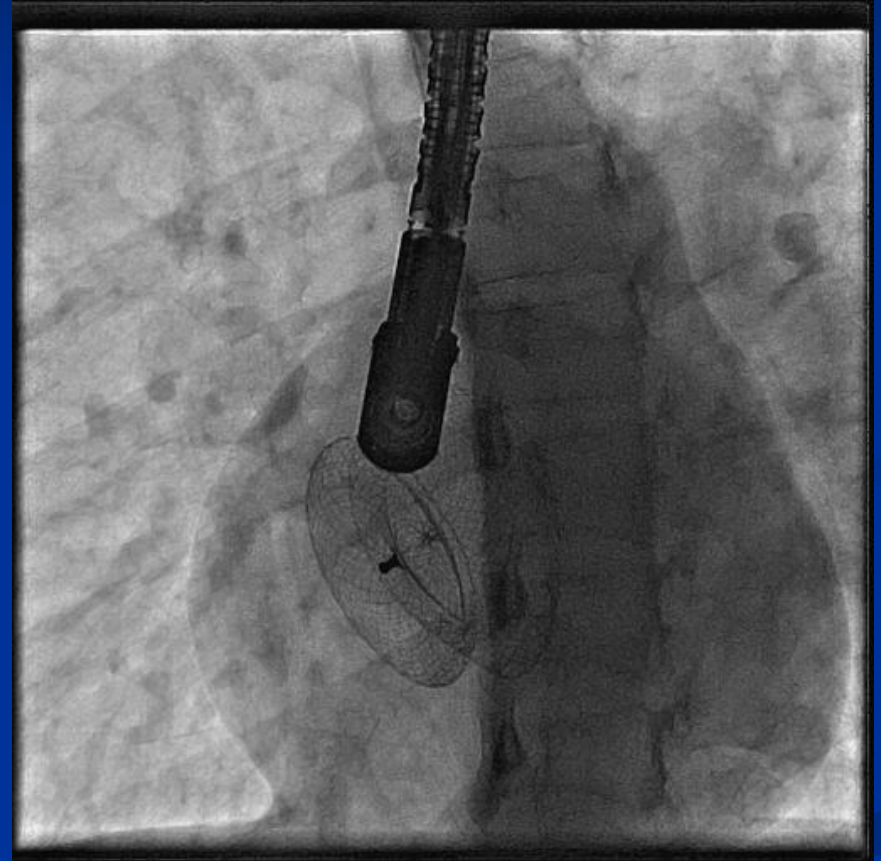
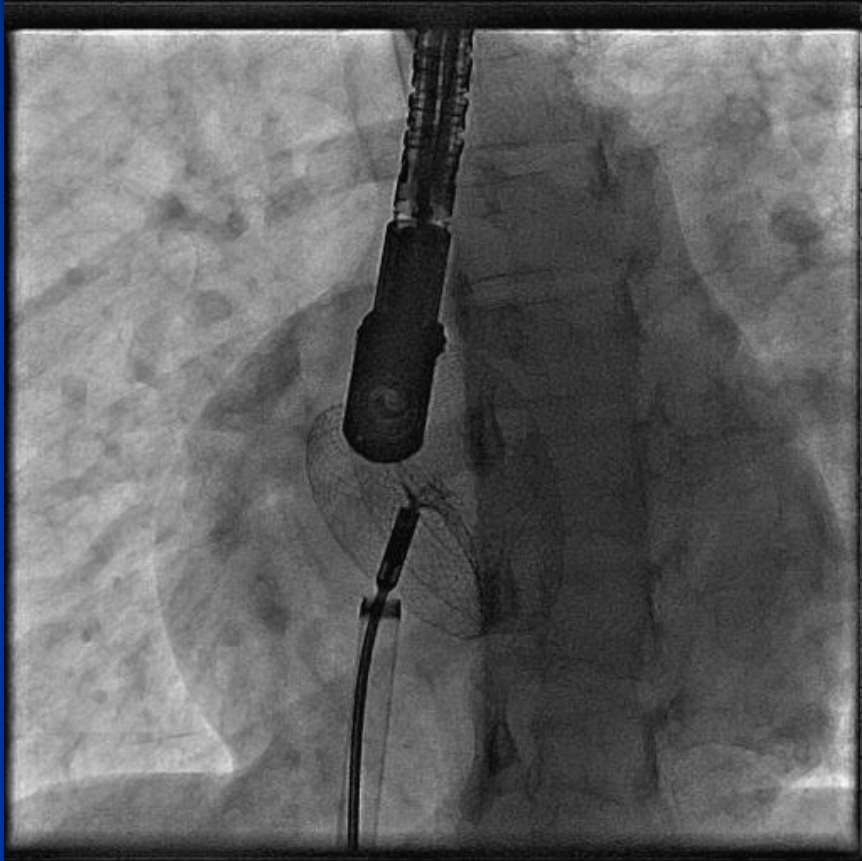
Final Success



Closure with Balloon Assisted Technique



Final Result



Post procedure details

- The patient was discharged from the hospital after 48 hours
- The device was echocardiographically confirmed to be properly placed with
 - no residual defect
 - no MR
 - no pulmonary vein obstruction
 - Good biventricular function

What was the whisper?

He had to pick up his children from school!

We the “bloody Civilians” cannot question decisions of Pakistan Army in Pakistan!!

