

LAA Closure

Tips and Lessons from Nightmare Cases

Complicated Pericardiocentesis

Ted Feldman, M.D., MSCAI FACC FESC

Evanston Hospital

20th CardioVascular Summit

TCTAP 2015

Seoul

April 28th-May 1st 2015

Ted Feldman MD, *MSCAI FACC FESC*

Disclosure Information

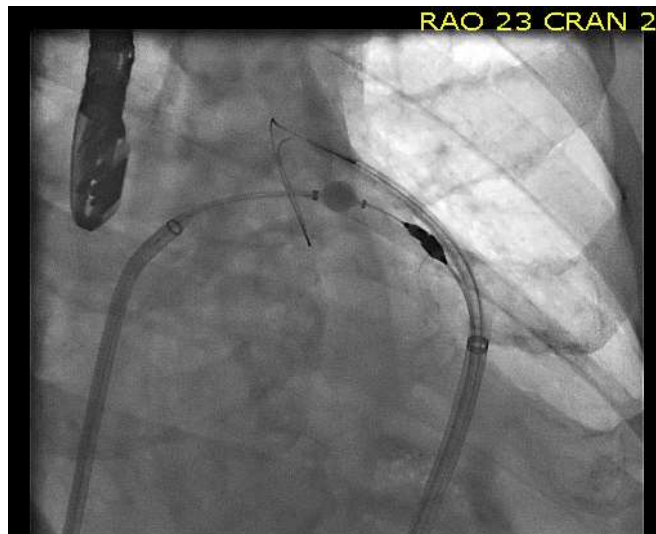
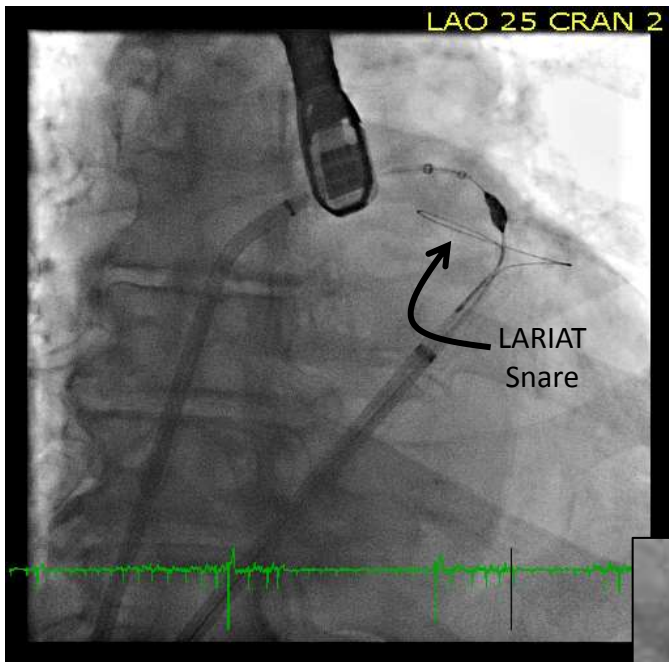
The following relationships exist:

Grant support: Abbott, BSC, Edwards, WL Gore

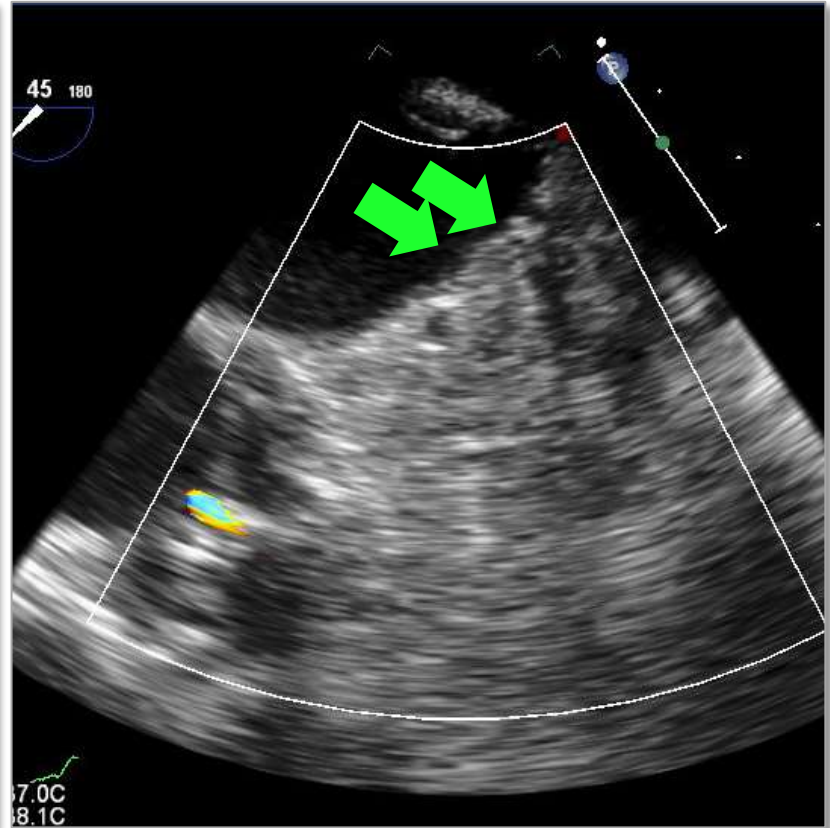
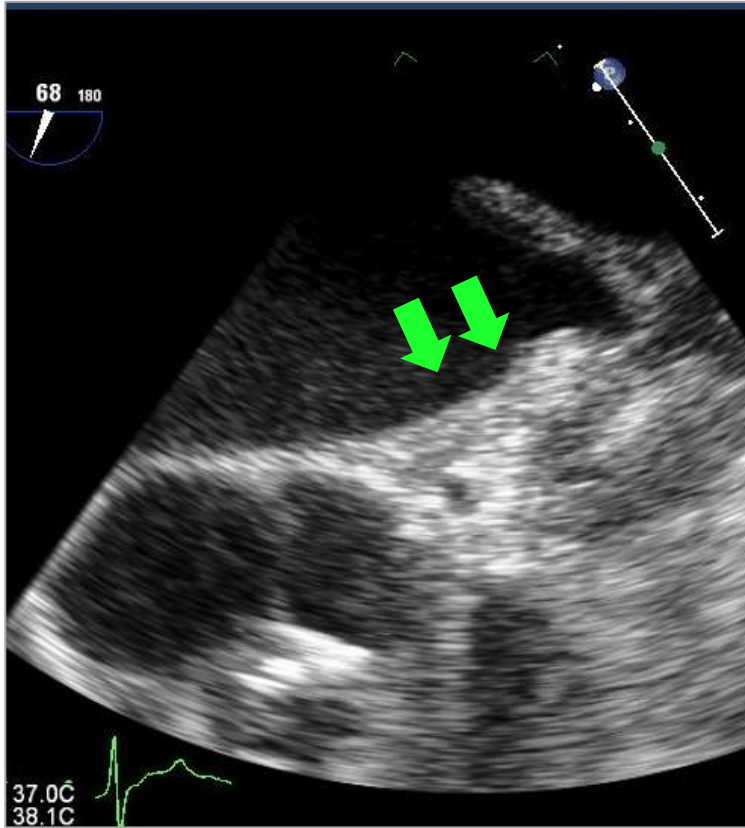
*Consultant: Abbott, BSC, Coherex, Edwards, JenaValve,
Diiachi Sankyo-Lilly, WL Gore*

*Off label use of products and investigational devices
will be discussed in this presentation*

Trans-Pericardial LAA Ligation Procedure Background



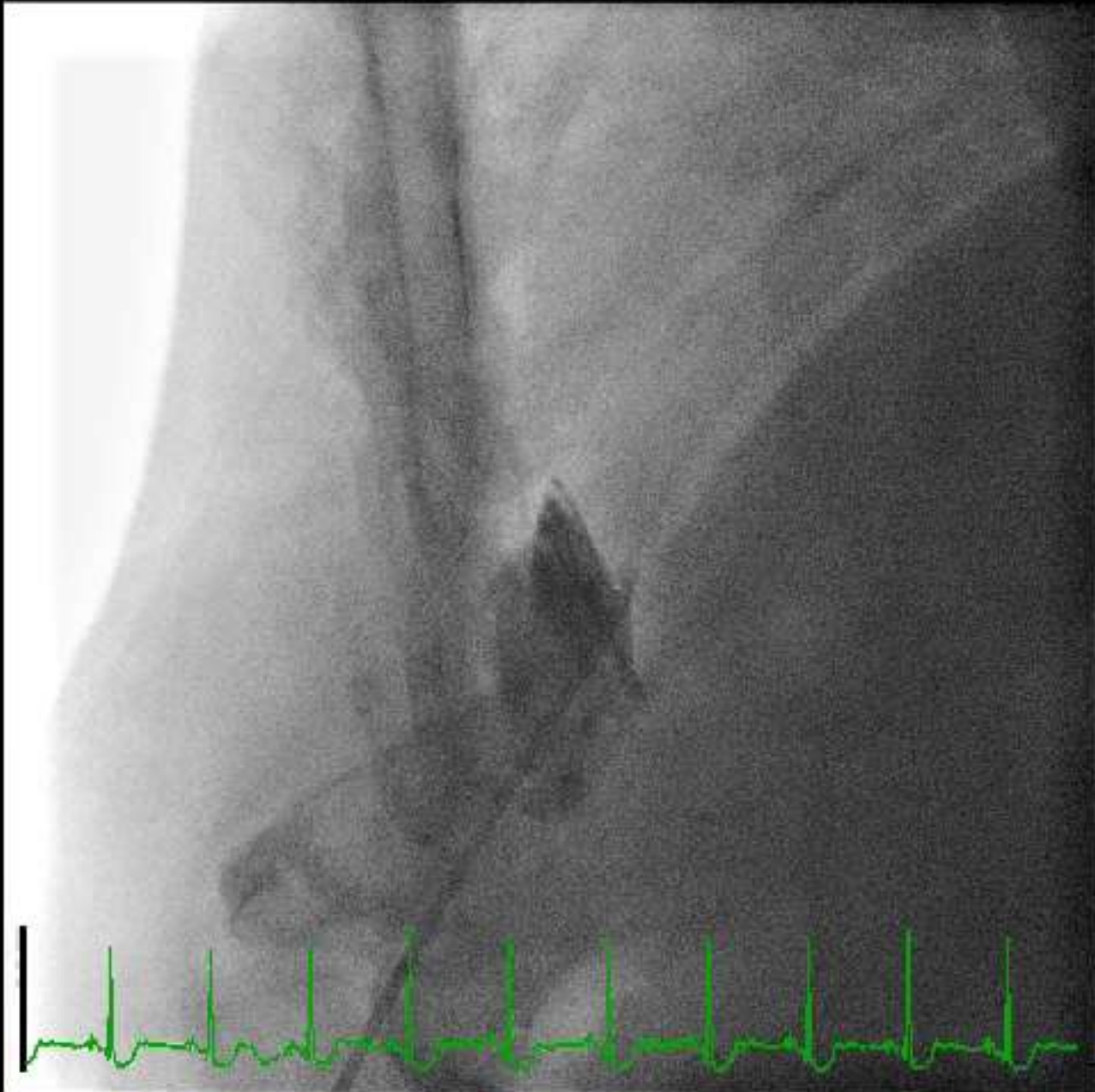
Post Ligation



Cardiac Perforation

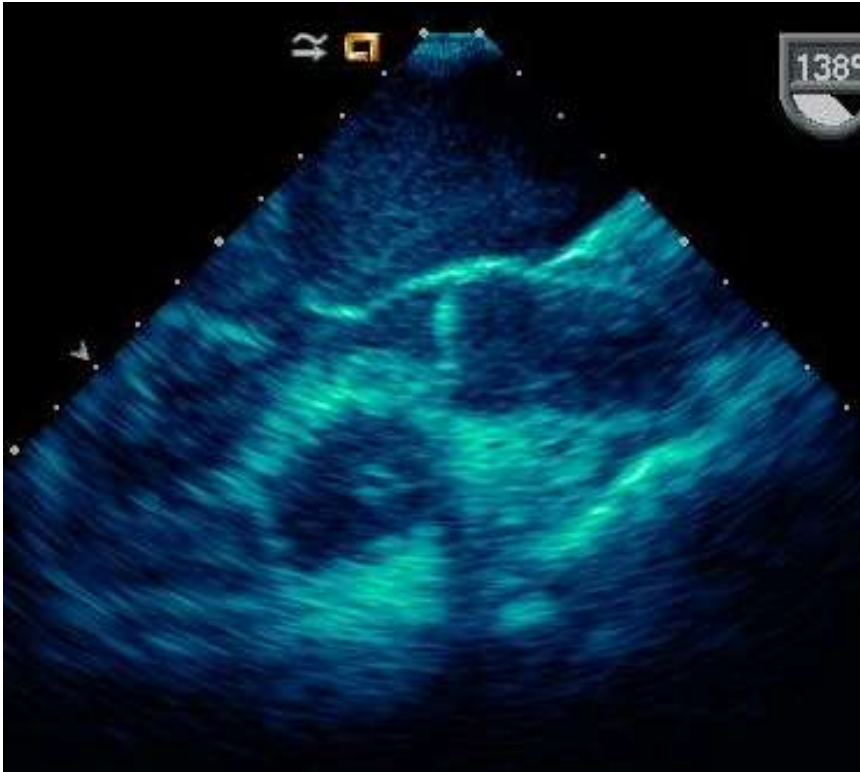
Prior Pericarditis? Or Cardiac Surgery

- Risks lower
- Presentation atypical
- Fluid localized
 - May need TEE for diagnosis
- Drainage complicated
 - CPS may be necessary

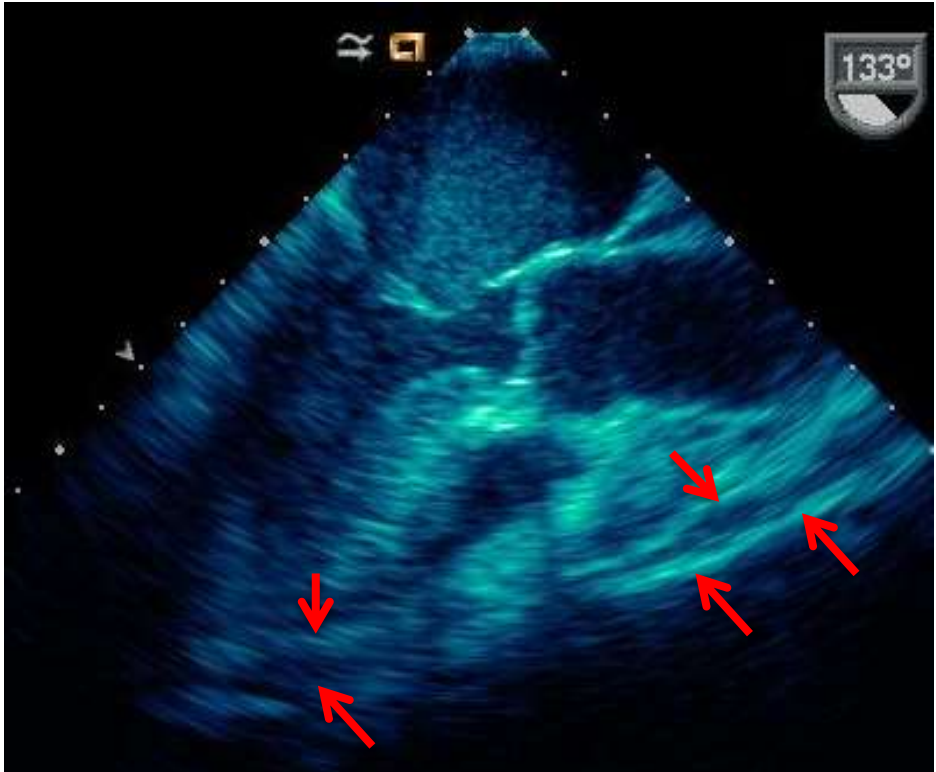


LARIAT Procedure

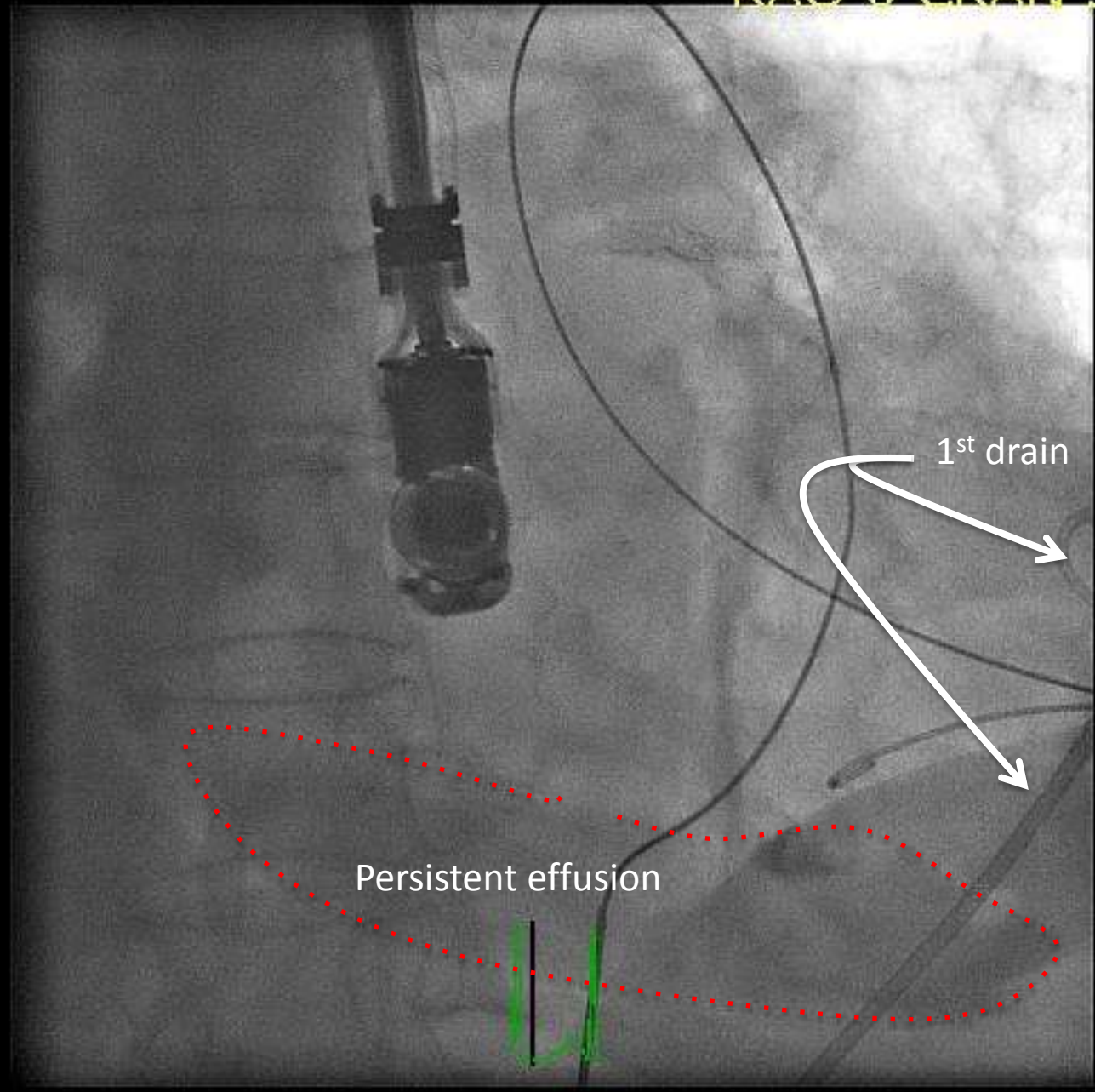
Sudden hypotension after pericardial access



Baseline



Hypotension



1st drain

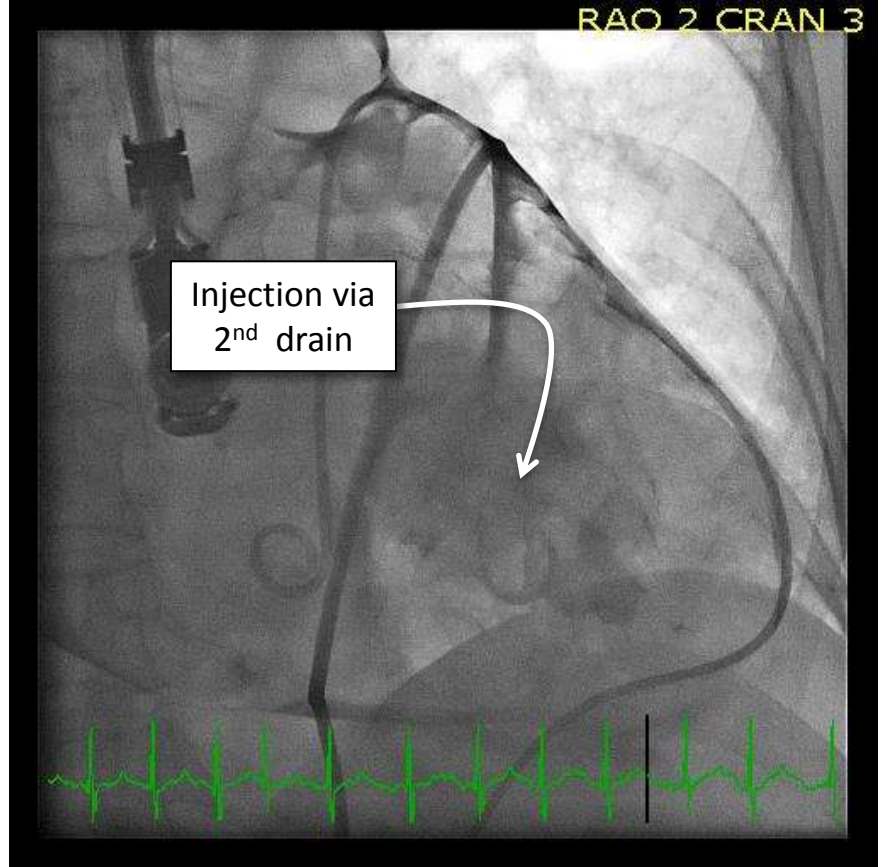
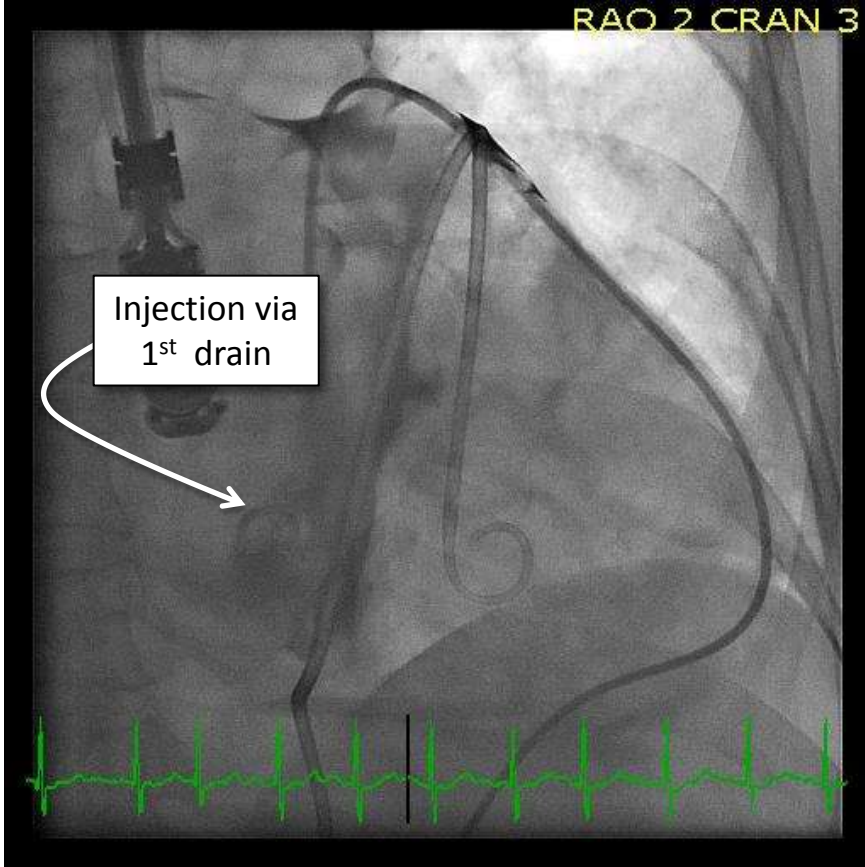
Persistent effusion

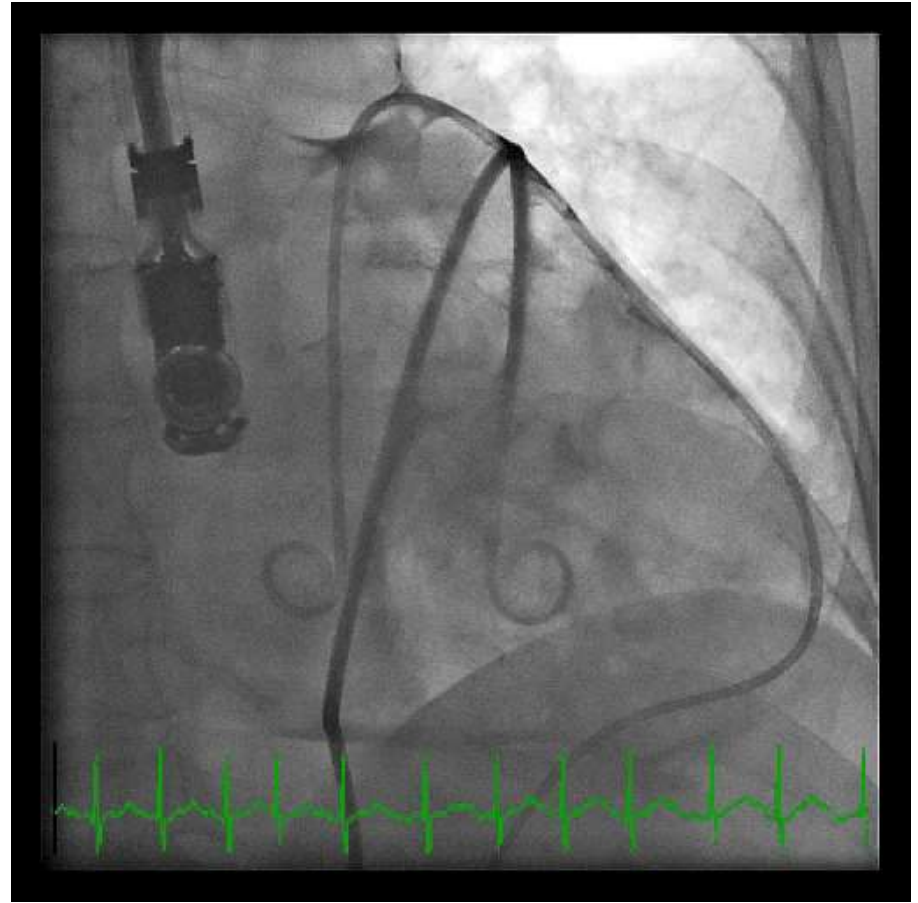
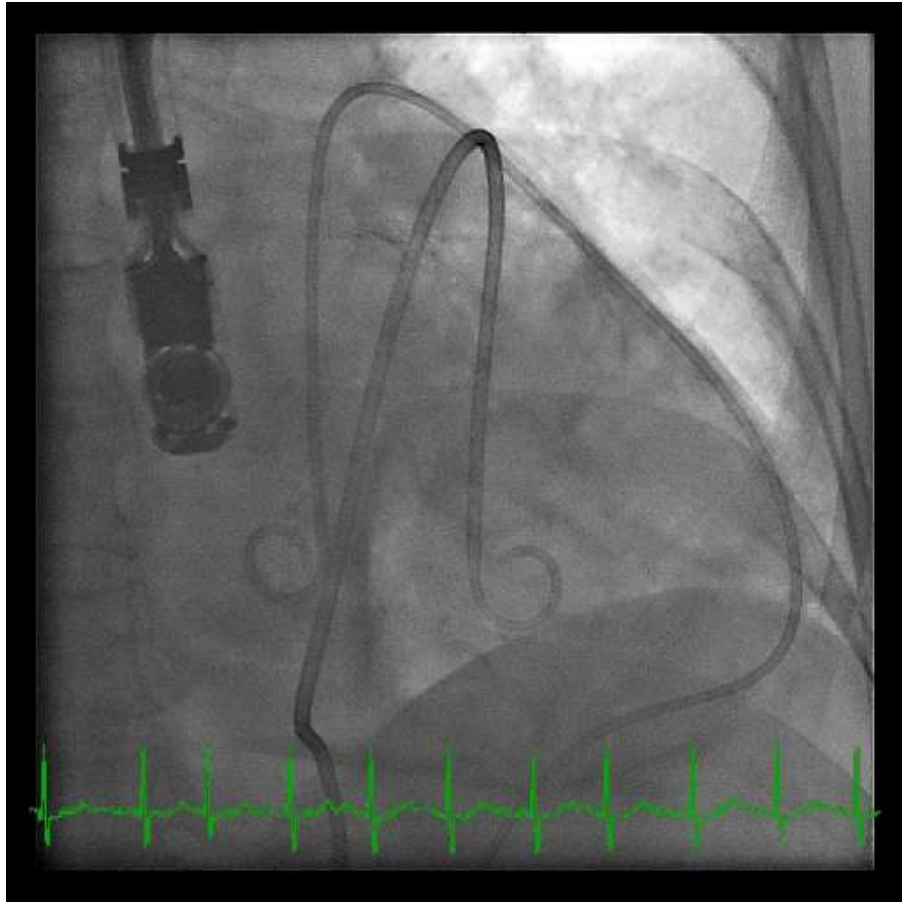
RAO 2 CRAN 3

Injection via
1st drain

RAO 2 CRAN 3

Injection via
2nd drain





Pericardiocentesis

Post-Procedure Management

- Leave drain until <100cc/24 hours
- Irrigate
 - 5-10cc heparinized saline Q 4-8 hours
- Antibiotics?
 - Fever common
- Analgesia
 - Pain increases as effusion decreases
 - Colchicine 0.5 to 1.0 mg daily for 3 months

- N Engl J Med. 2014 Feb 20;370(8):781