Requirements for a Successful LAA Closure Program

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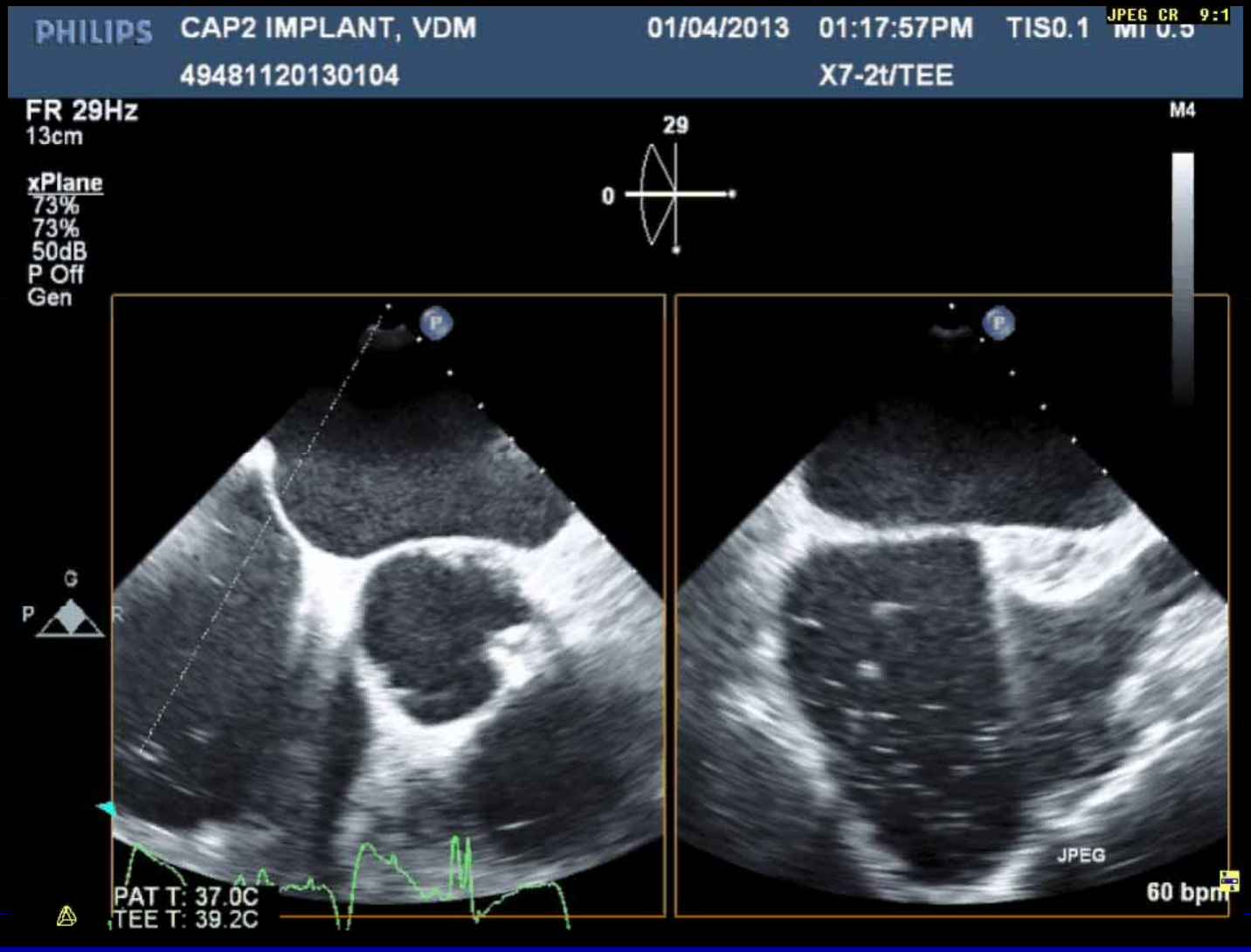
Four Keys to a Successful LAAC Program

- Acquire the technical skills to perform the procedure successfully
- Assemble an team that is integrated into the process
- Develop a network for patient referrals
- Choose initial cases wisely

Acquiring the LAAC Skill Set: What is Needed?

- Trans-septal puncture
- Device implantation
- Handling complications

Transeptal Puncture: Must Understand The Anatomy of the Interatrial Septum And How it Appears on TEE



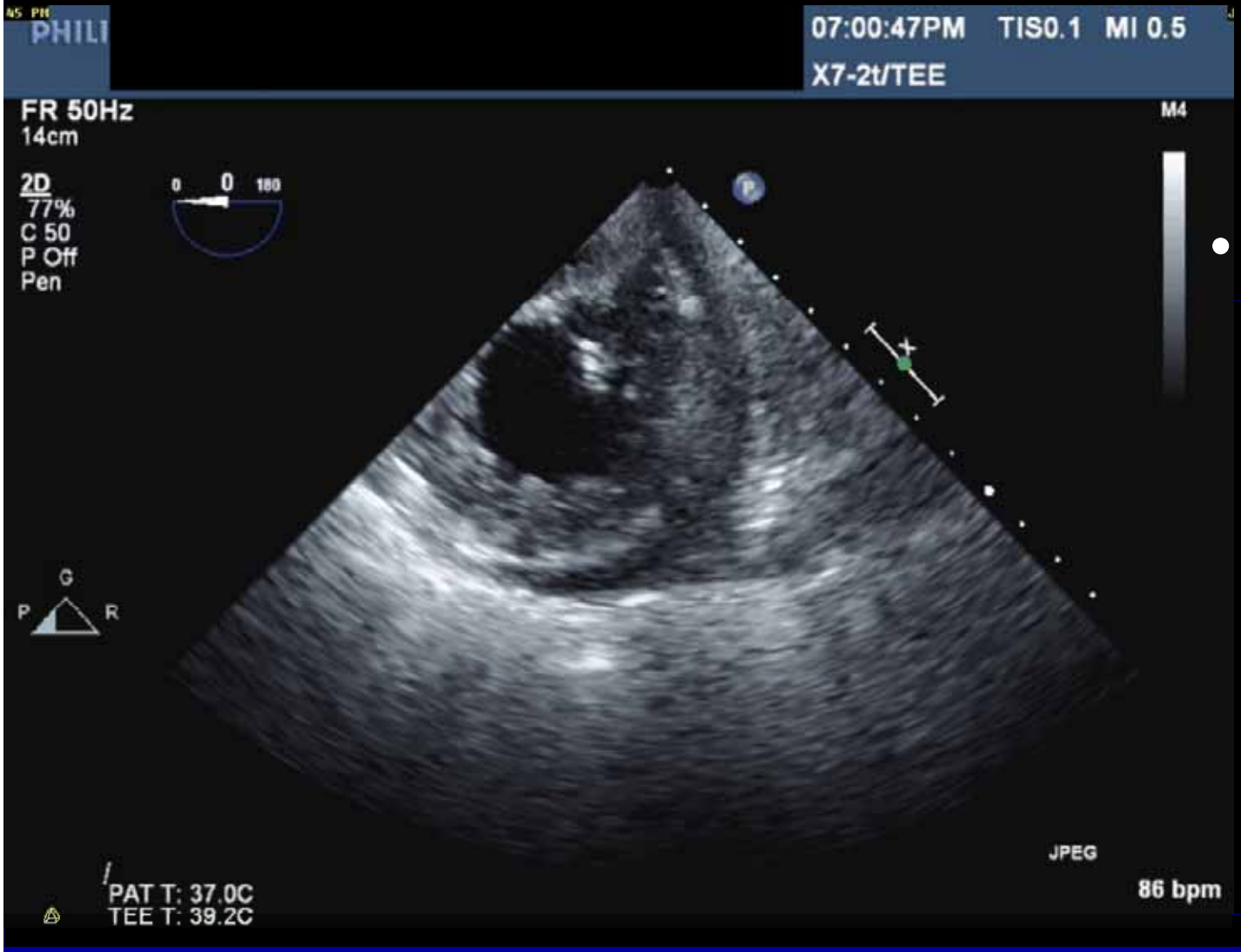
Acquiring the LAAC Skill Set for Trans-septal Puncture

- If do not know how to already, you must:
  - Learn to understand the inter-atrial septum on TEE
  - Find simulators
  - Attend training programs
  - Find a mentor:
    - More senior interventionalist
    - Partner with EP

Acquiring the LAAC Skill Set: Device Implant

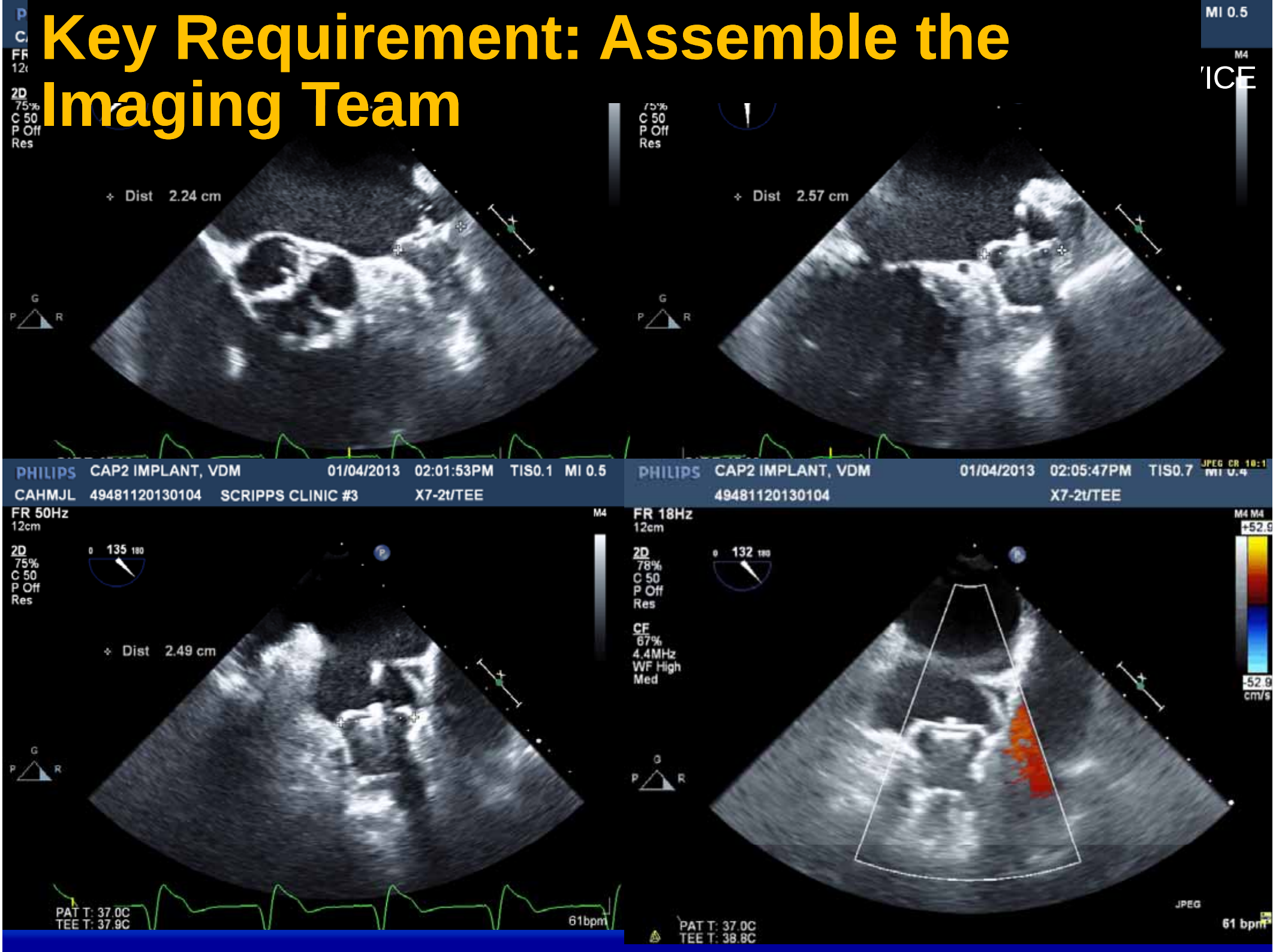
- For WATCHMAN/ACP, similar skill set as closure devices
- LAA anatomy
  - Anterior/Posterior on echo and fluoroscopy
  - Rotation of delivery sheath
- Complications!

Pericardial Effusions: Uncommon But Inevitable With Increasing Case Volume



- Auto-transfusion techiques can be helpful…

Key Requirement: Assemble the Imaging Team



Assemble the Imaging Team

- **LAAC requires a substantial commitment from the imager**
  - At minimum, need TEE at baseline (r/o LAA clot, sizing), during transseptal, and after device implant
  - Imaging colleague could be busy seeing patients or doing other more lucrative things – challenging scenario for LAAC program in private practice
  - Need “buy-in” and/or other approaches: cardiac anesthesiologist, super-technician, fellows
  - Become independent from the imager (although you can’t hold the TEE probe yourself!)

Get Hospital Buy-In

- Reimbursement differs across the world
- Hospital administration must understand the "halo" effect of LAAC
  - Part of a larger atrial fibrillation center
  - Outside referrals brings more ablations, imaging tests, other ancillary studies

Build A Referral Network From the People Who Prescribe Anticoagulants and the Ones Who See Its Complications

- Non-invasive cardiologists (especially your imagers!)
- Non-invasive electrophysiologists
- Neurologists (particularly stroke neurologists and/or the Stroke Team)
- Coumadin clinic (bleeders, those with poor TTR)
- Internal Medicine

Build A Referral Network

- Partner with interventional EP?

Start With The Right Patients

- You won't make any patient feel better with LAA closure!
  - Patient and their doctor will know when there is a complication but not when a stroke is prevented
- Must be at high risk for ischemic events
- In U.S, must be a "candidate for long-term anticoagulation."
  - Does not need to be an *optimal* candidate
  - Reasonably high risk enough for the patient to notice or comprehend the complications of anticoagulation
- Educate the patient so he or she understands the trade-offs between the upfront procedure risk and the long term risk of stroke/bleeding

The Intangibles…

- Become an expert in stroke prevention in Afib (and anticoagulant pharmacology), not just someone who wants to implant the device.
  - Good for providing informed consent
  - Brings potential patients into your sphere of influence
  - Improves patient management

Summary

- Get experience in transseptal puncture
- Can’t do the procedure alone (unfortunately!): need partnership with echocardiographer, which can be challenging in private practice
- Choose (initial) patients wisely

Lets break the anticoagulant addiction!