

My Worst LAA Closure Case(s)

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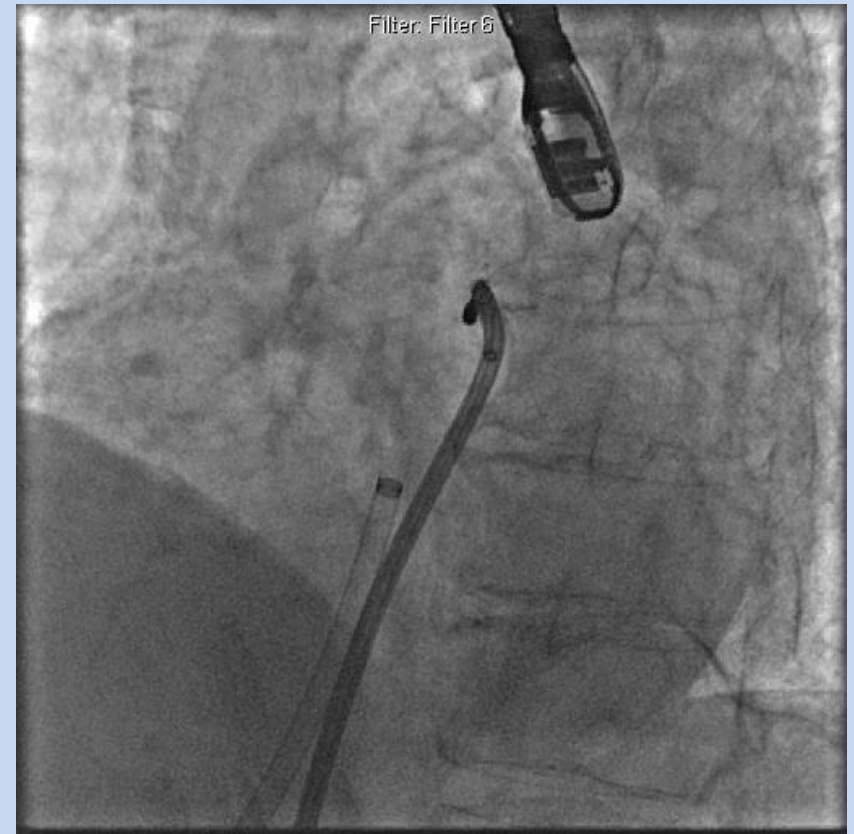
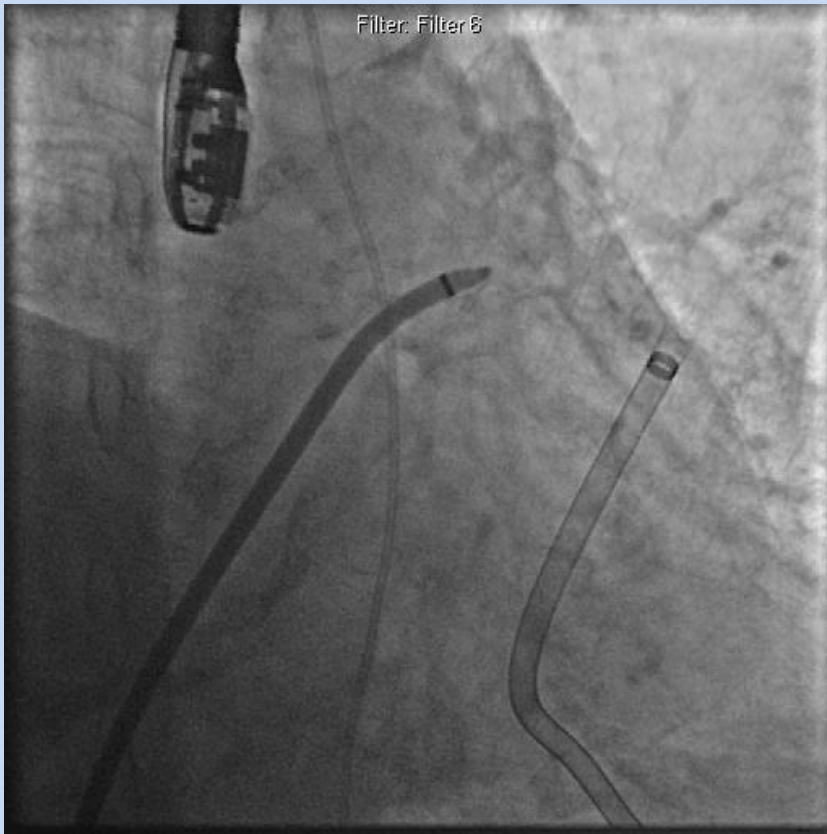
Assistant Professor, Scripps Translational Science Institute

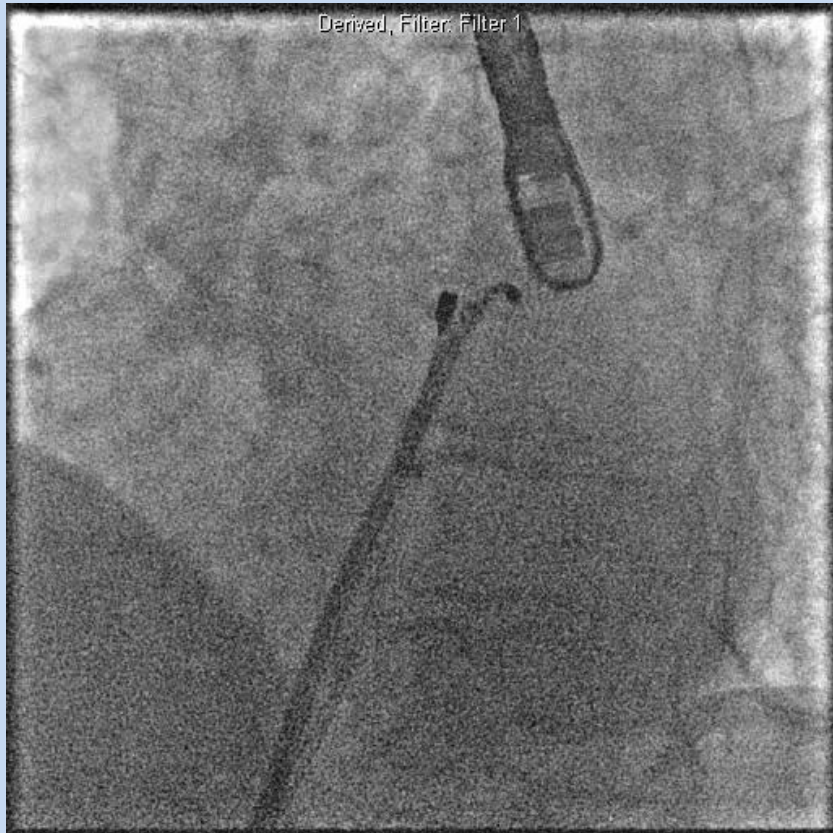
La Jolla, CA

Case Presentation

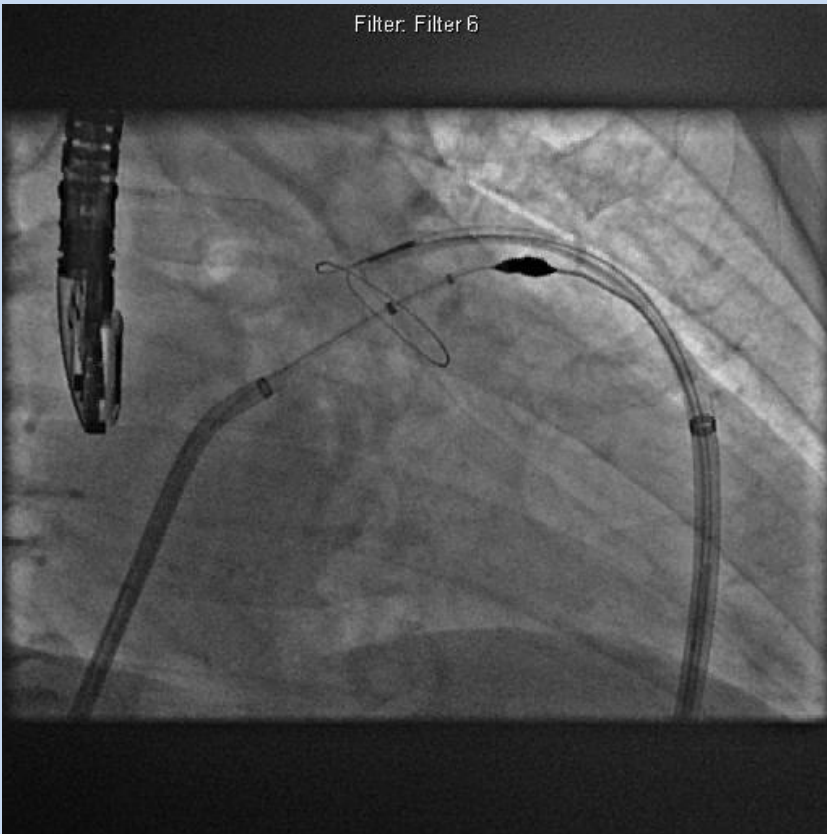
- 76 year old female
 - Paroxysmal atrial fibrillation
 - Hypertension
 - Ischemic stroke with hemorrhagic conversion 3 years ago while on coumadin

76 yr old female with PAF, prior hemorrhagic stroke

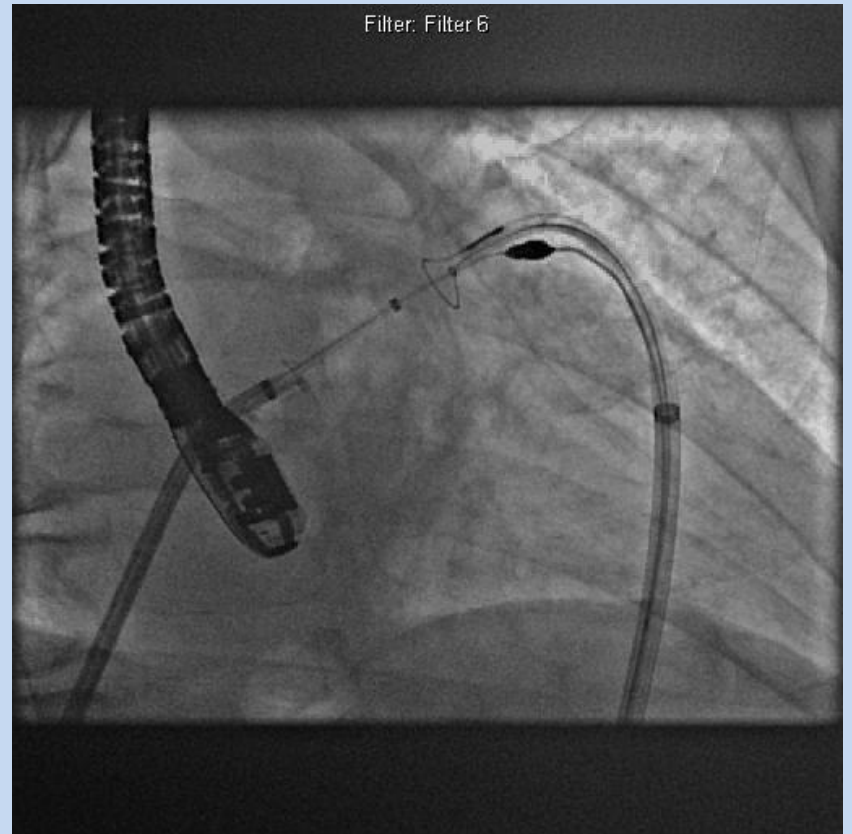


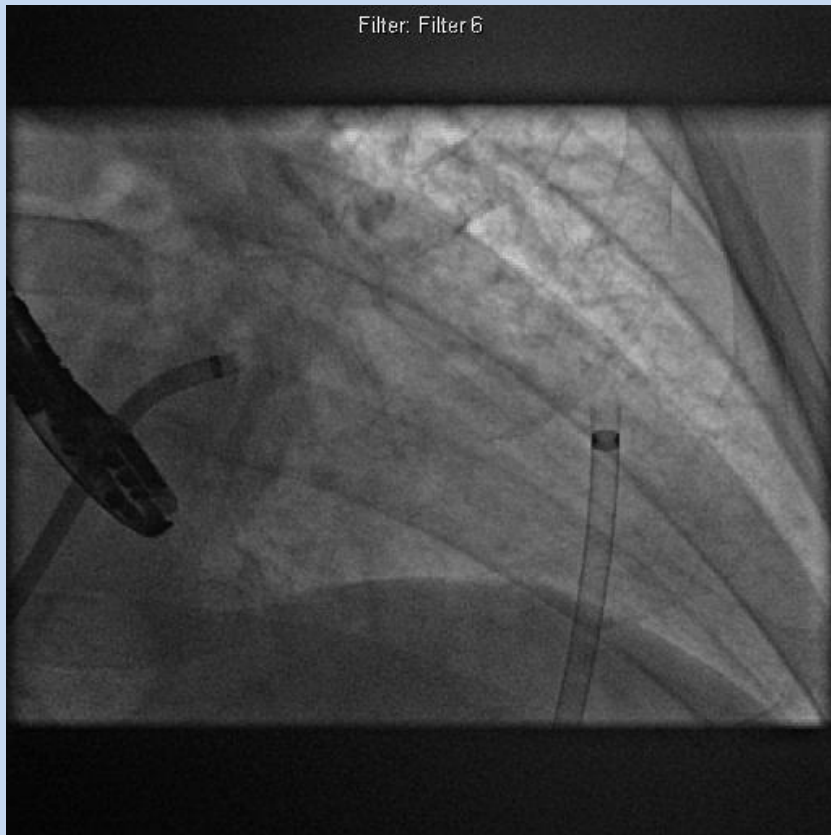


Filter: Filter 6



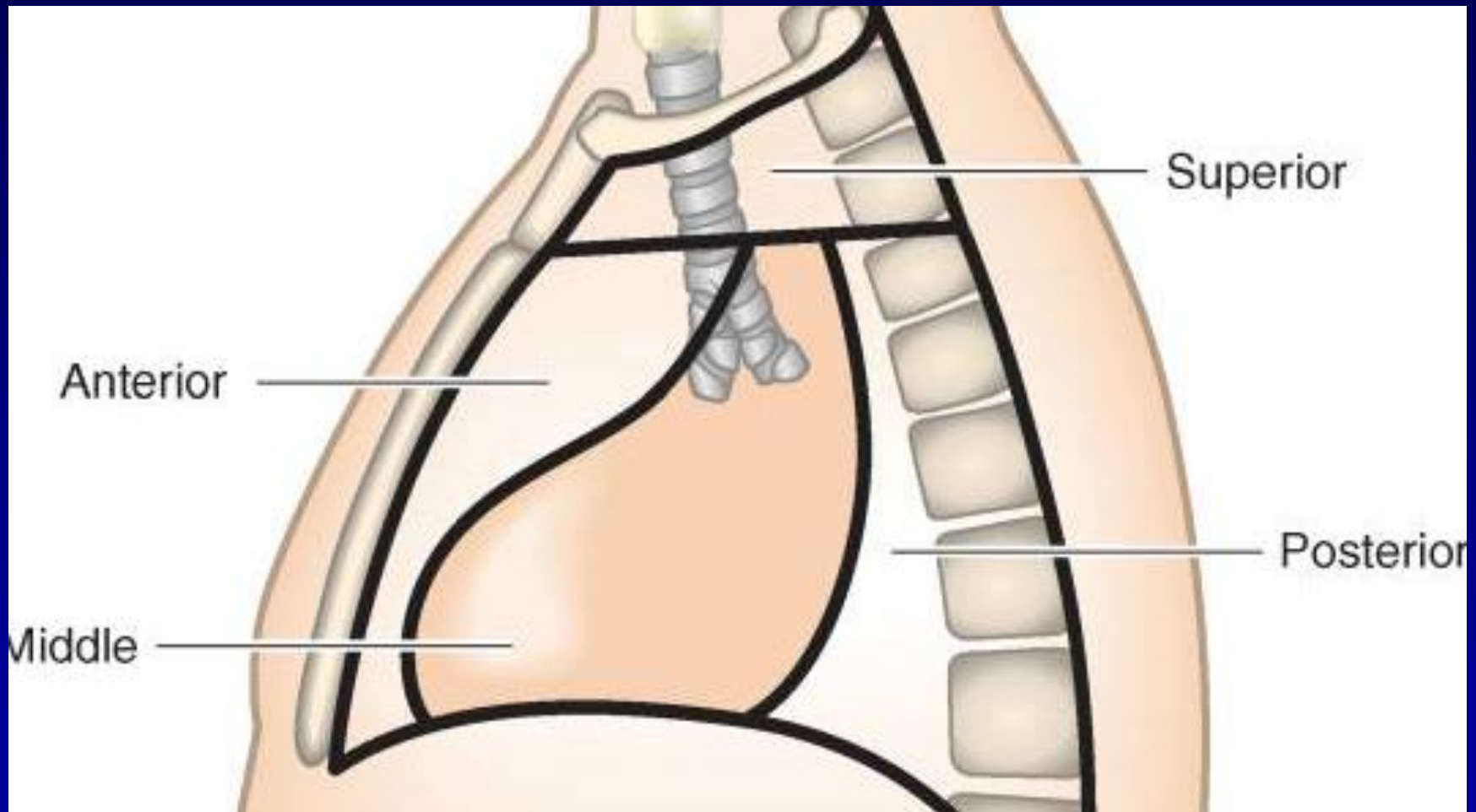
Filter: Filter 6



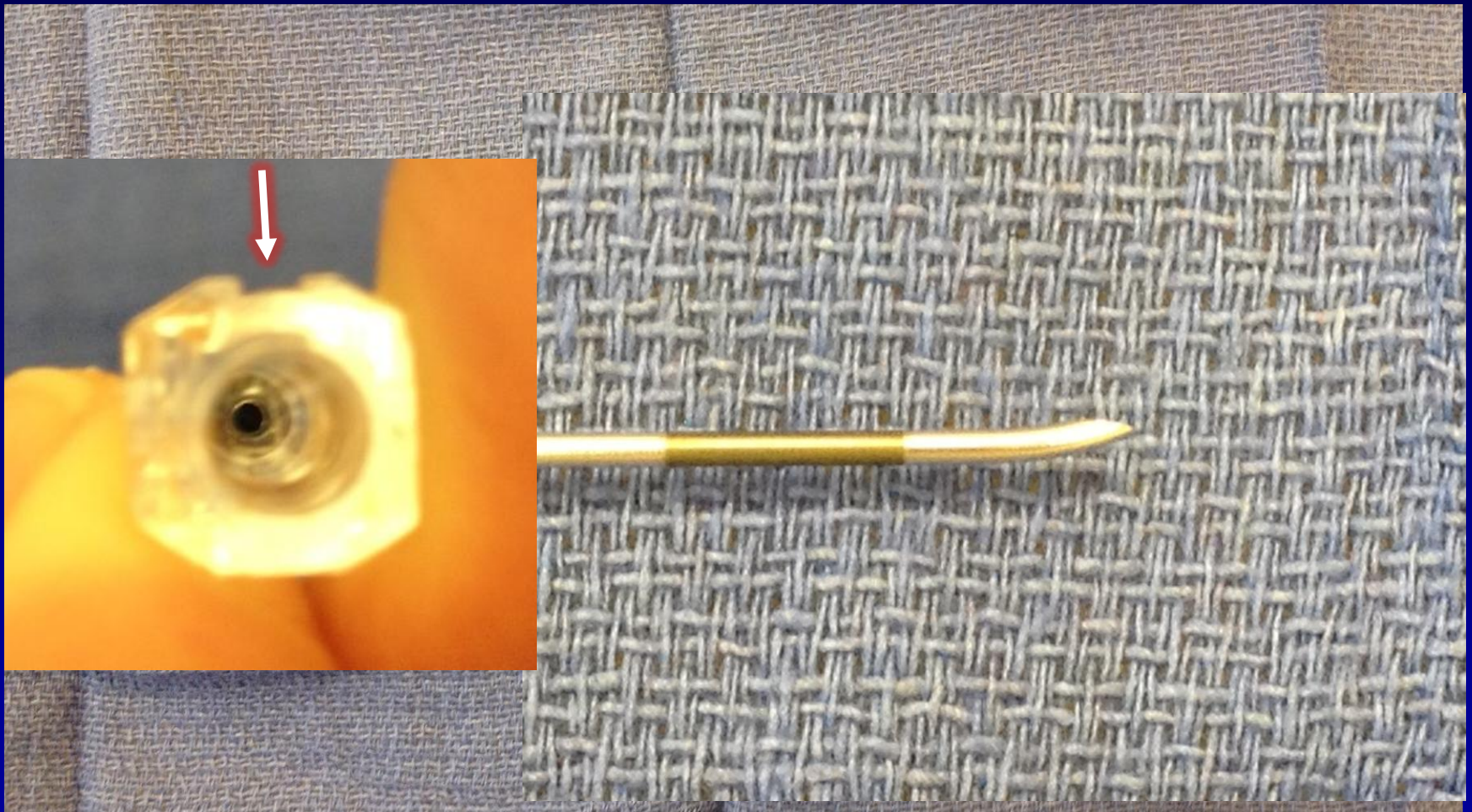


- FINAL LA gram

Anterior Mediastinum is a “Safe Zone”



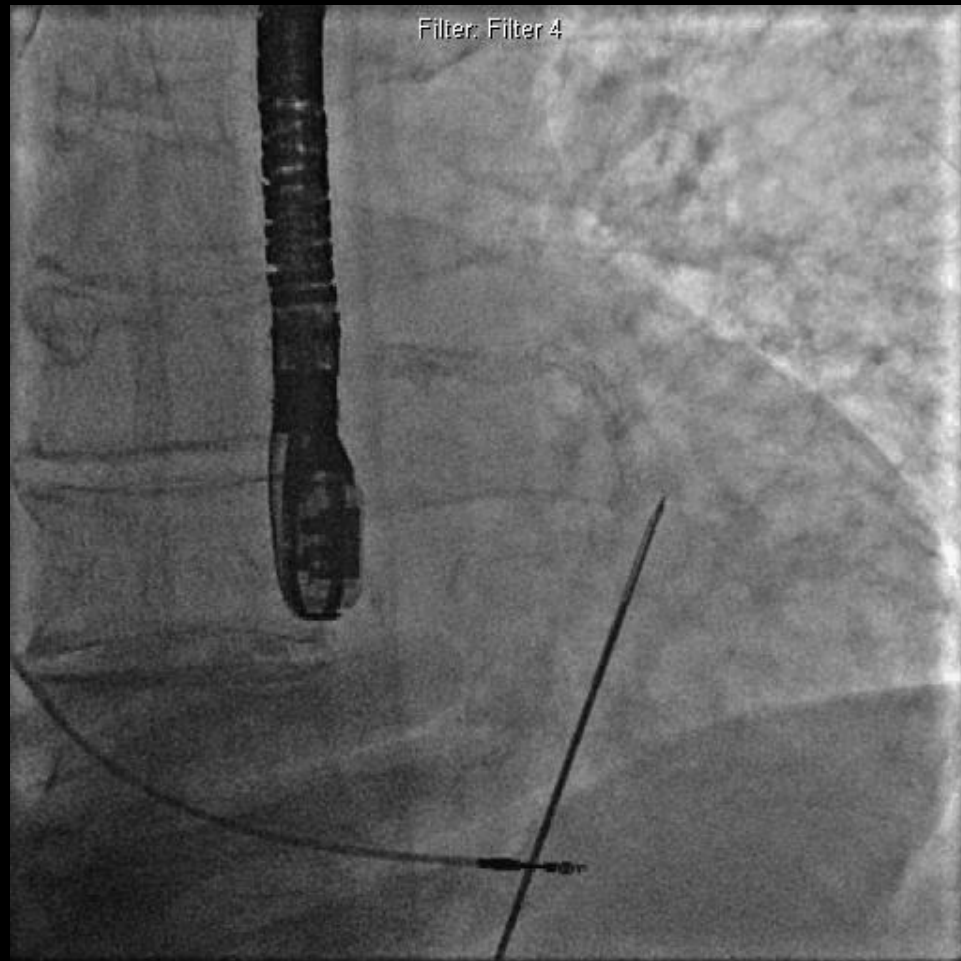
Tools of the Trade for Pericardial Access: 17G x 150mm Pajunk Tuohy cannula



Dry Pericardial Access: Step by Step

Needle direction should be at 2pm, just lateral to hilum

AP projection
Needle draped on chest



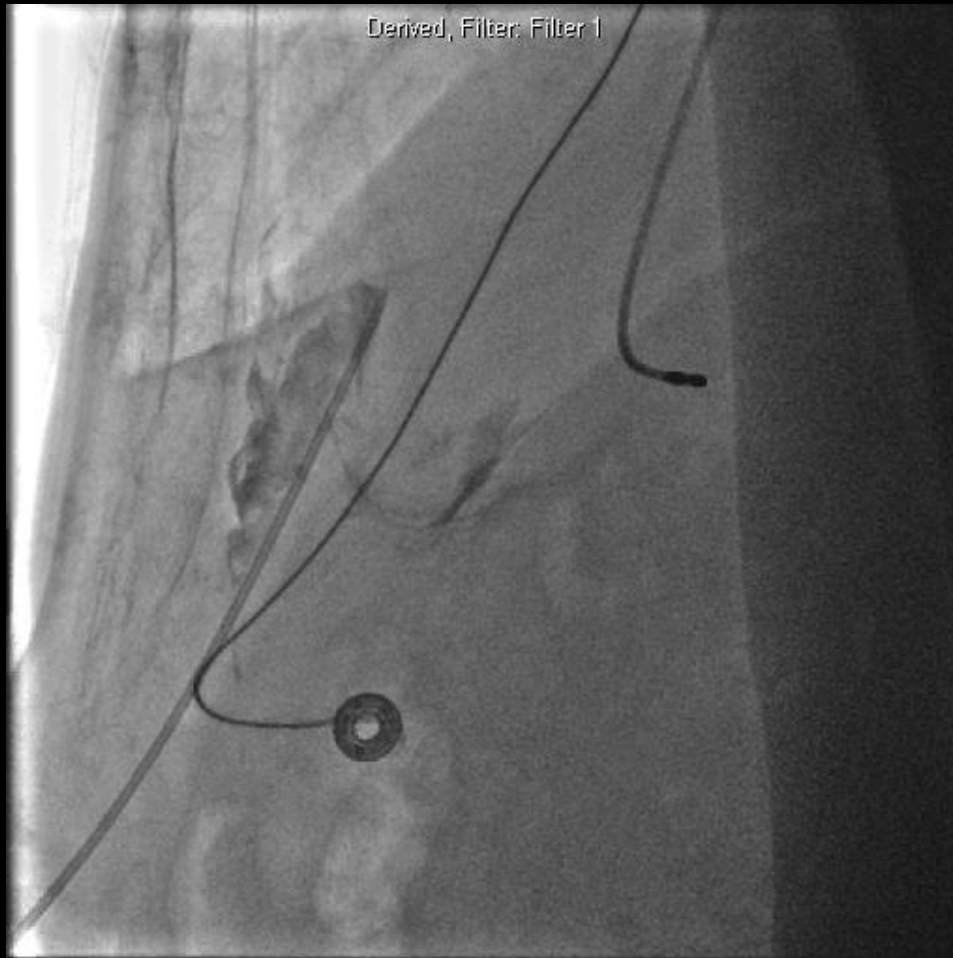
Dry Pericardial Access: Step by Step

Advance needle in lateral projection **SHALLOW**
just under sternum until you pass heart shadow



Dry Pericardial Access: Step by Step

When reached appropriate level, angle needle at 30 degrees; test with diluted contrast & look for tenting



Dry Pericardial Access: Step by Step

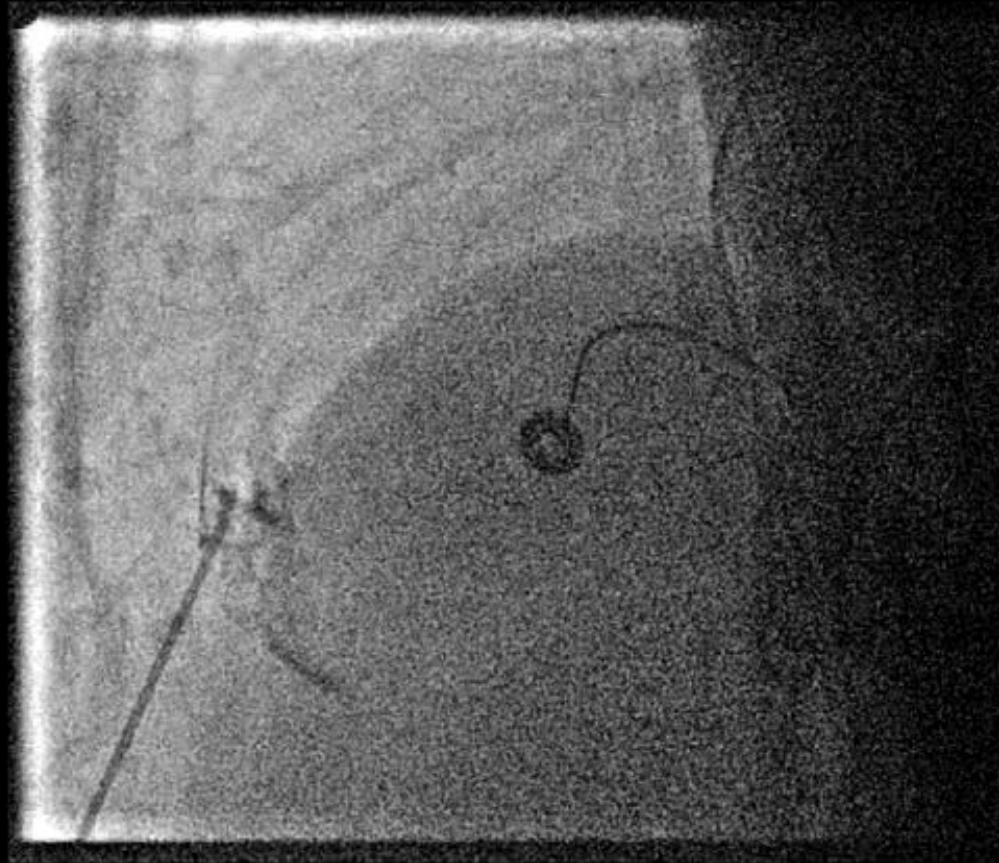
Advance 0.35 J wire into pericardium



Dry Pericardial Access: Step by Step

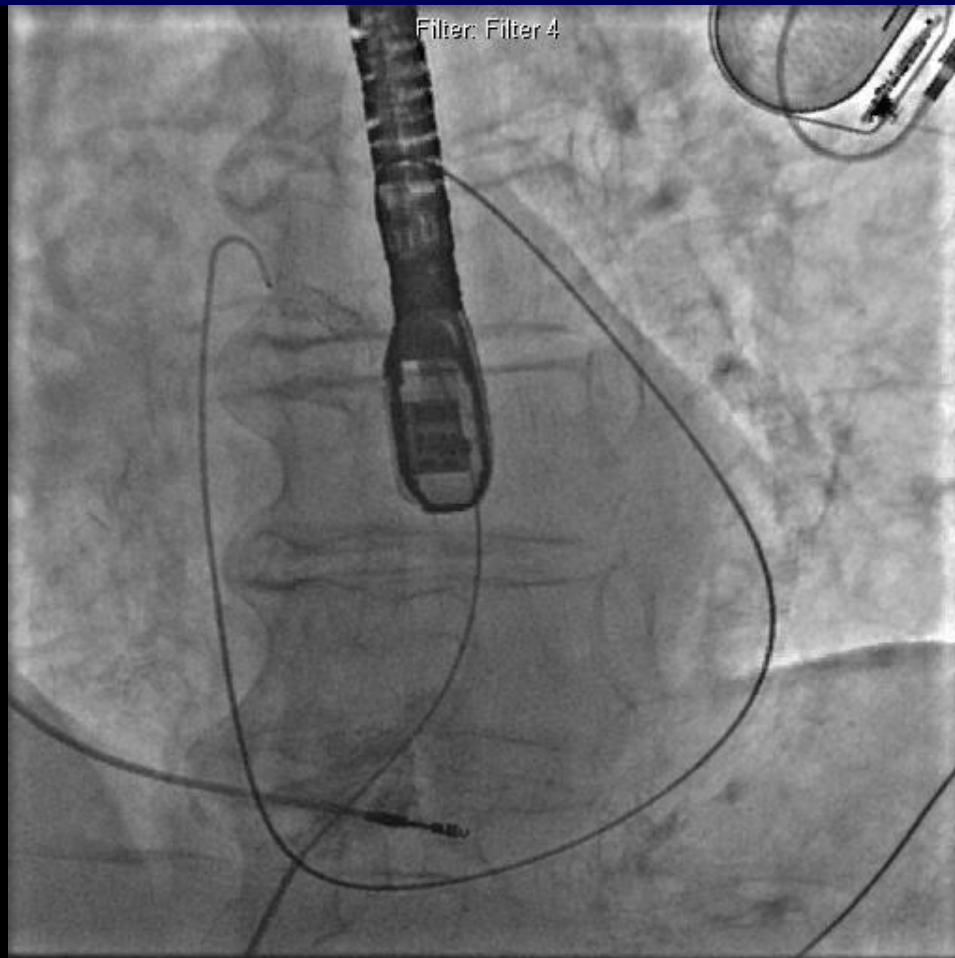
If wire doesn't go easily, withdraw needle slightly and try again

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Dry Pericardial Access: Step by Step

Go to LAO projection to confirm not in RV (also rhythm, TEE)



Patient with Continued Bleeding in Pericardium After Successful Access

