

Left atrial appendage closure implant

Your doctor has recommended you undergo a procedure called a left atrial appendage (LAA) closure.

You might not have heard this medical term before now and may be feeling unsure about the nature of the procedure.

This information sheet outlines what the procedure is and what preparations and risks are involved.

After you read this information sheet, you might still have questions. If you do, please contact the team at Heart HQ. We're here to help.

1. What's an LAA closure implant?

The LAA is like a small pouch about the size of your thumb located near the top of your heart. If you suffer from a condition called atrial fibrillation (AF), blood can stagnate and form clots inside your LAA. Blood clotting is a major cause of stroke. Around 15 million people per year worldwide suffer stroke, resulting in approximately 5 million deaths and another 5 million who become permanently disabled.

If you have a history of AF, an LAA closure procedure may be an alternative to taking Warfarin (blood thinning medication) long term.

LAA closure is indicated for patients who have AF and who are at high risk for stroke but cannot take oral anticoagulant therapy (e.g. Warfarin or an NOAC) because of issues with bleeding.

2. How does it work?

An occluder will be implanted into your LAA to permanently close off the pouch and prevent harmful blood clots from entering the bloodstream.

This procedure is normally performed under general anaesthetic. It is a one-time implant and the device does not need to be replaced.

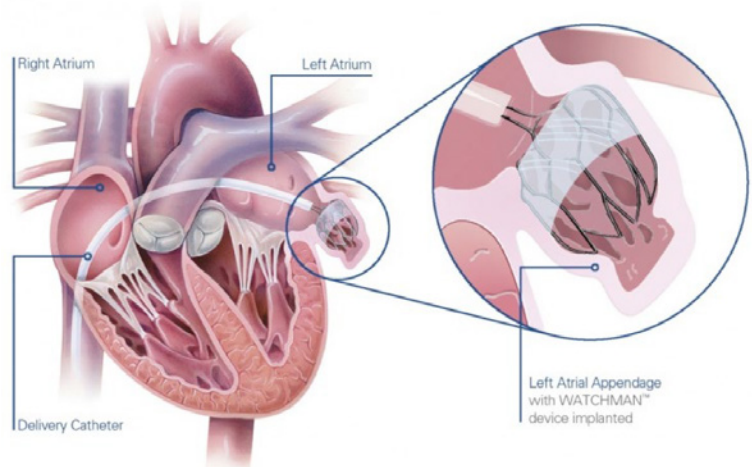
Your doctor will guide the occluder through a catheter inserted through a vein in your groin. The position of the device will be followed using ultrasound images generated by a transoesophageal echocardiogram (a very small ultrasound probe in your oesophagus). Once the occluder is in the correct position, your doctor will release the implant to leave it permanently fixed in your heart.



Reference: Boston Scientific Corporation – Watchman device



Reference: Abbott Vascular - Amulet LAAC device



Reference: Boston Scientific Corporation 2014

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3. Anaesthetic

This procedure requires you to have general anaesthetic. The anaesthetic will be given to you through your IV line.

Please arrange to have a support person (a relative or friend) collect you from hospital and ensure someone stays with you that night. You should not drive or make any important decisions in the 24 hours following general anaesthetic.

If you have any concerns about your anaesthetic, please discuss these with your doctor as soon as you can.

4. What happens after the procedure?

Once the catheter has been removed and the puncture site sealed, you'll spend overnight in recovery and coronary care. You'll need to avoid heavy lifting and exercise for a few days but should be able to resume normal activities in a week or so. You may be instructed to take blood-thinning medication after your procedure.

Your cardiologist will do a follow-up echocardiogram with you around four to six weeks after your implant procedure.

5. What kind of risks are associated with this procedure?

Any kind of procedure carries some element of risk, often very small and rare.

Your doctor has balanced the benefits and risks of carrying out the test against the benefits and risks of not proceeding. If your doctor has recommended this procedure, they believe there is benefit to you going ahead.

It's important you understand the risks involved so you can make an informed decision.

Here are the most commonly reported risks and complications associated with an LAA closure implant.

Common risks and complications (more than 5% of cases)

- Minor bruising at the puncture site
- Abnormal heartbeat lasting several seconds, which settles by itself
- Major bruising and swelling at the groin/arm puncture site
- Sore throat from the anaesthetic tube or echo probe

Uncommon risks and complications (1–5% of cases)

- A stroke—this can cause long term disability
- Embolism—a blood clot may form and break off from the catheter which will be treated with blood thinning medication
- Accidental puncture of the heart—this may need surgery to repair
- Death is possible due to the procedure

Rare risks and complications (less than 1% of cases)

- Abnormal heart rhythm that continues for a long time—this may need an electric shock to correct
- Surgical repair of the groin/arm puncture site or blood vessel
- Loss of kidney function due to the side effects of the x-ray dye
- Inability to get the catheter into the leg vein—the procedure may be changed to the opposite leg or to a different approach e.g. neck or arm
- Infection—this will need antibiotics
- Heart attack
- An allergic reaction to the x-ray dye
- A higher lifetime risk from x-ray exposure
- Air embolism/oxygen may be given
- Damage to the nerve in the leg
- Emergency heart surgery due to complications with this procedure
- Skin injury from radiation, causing reddening of the skin
- Oesophageal injury/perforation from the imaging probe

Our commitment to you

As a patient of Heart HQ, you can be assured we will always strive to act in your best interests and we will only recommend tests and procedures we believe will benefit you.

Everyone has questions, and we want to answer yours. Please contact your doctor to discuss any concerns you might have.

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