Electrophysiology Study Report

Patient Information

Patient Name	Van Slooten, Travis
Study Date	
MRN	
Study Number	
Account Number	
Date of Birth	
Age	50 Years
Gender	Male
Race	White
Height	180 cm (5'11")
Weight	95 kg (209 lbs)
BSA	2.15 m²

Staff

Duty	Name
Electrophysiologist	Andrea Natale, MD
Monitor	Brandon Doyle, CVT
Monitor	Daniel Valdez, RN
Scrub	Carlos Monreal, RCES
Circulator	Jaime Schaetz, RN

Procedures
Intracardiac echocardiography
Left atrial angiogram
Left atrial appendage occluder (WATCHMAN/FLEX)
Serial ACTs to achieve ACT 250-300 seconds
Transseptal access x1

Pre-Procedure Diagnoses

Atrial fibrillation / atrial flutter

Patient History

Two previous cardiac ablations for atrial fibrillation and atrial flutter; cardioversion; Eliquis for CVA prevention; Profound epitaxis; TEE with most recent EF of 61%

ASA Score
ASA Classification III provided by anesthesia service.

Anesthesia Type
General

Patient Allergies
NKA

Vascular Access Sheaths

Sheaths	Site of Insertion
8.5F-14F WATCHMAN-	RIGHT FEMORAL VEIN
11F-8.5FSRO	LEFT FEMORAL VEIN

Catheters

Manufacturer	Size	Type	Placement
BIOSENSE WEBSTER	10F	ULTRASOUND	RIGHT VENTRICLE /RIGHT ATRIUM/LEFT ATRIUM
BOSTON SCIENTIFIC	6F	PIGTAIL	LEFT ATRIUM

Intracardiac Echocardiography (ICE)

The following structures were visualized with ICE: the right atrium, fossa ovale, tricuspid valve, coronary sinus, crista terminalis, RA appendage, LA, mitral valve, left atrial appendage, left superior pulmonary vein, left inferior pulmonary vein, right superior pulmonary vein, right inferior pulmonary vein, aortic valve, left ventricular outflow tract, ascending aorta, pulmonic valve, right ventricular outflow tract and pulmonary artery. ICE were used to guide transseptal catheterization. ICE were also used to rule out complications.

Transseptal

Transseptal access was maintained during ablation portion of procedure. The Baylis transseptal system was used to facilitate the transseptal punctures. Proper placement was confirmed by intracardiac echocardiography, left atrial pressure tracings, and left atrial pressure

Left atrial pressure was 24/9/16mmHg

Procedure Description

The patient was brought to the Electrophysiology laboratory in the fasting state. Access was maintained from ablation portion of procedure. Heparin, 12,000 units initially were administered during the ablation, and were then ACTs were maintained between 250-300 seconds for the Watchman/Flex.

The 8.5F MERIT 50 was exchanged for a 14F Watchman sheath. A left atrial angiogram was performed with the use of 7mls of iodinated contrast and a 6F pigtail catheter. The maximum left atrial appendage orifice measurement was 17mm. The Watchman delivery sheath was advanced containing a mm left atrial occlusion device. The device was deployed at the ostium of the left atrial appendage. Device position, size, compression, seal and stability were assessed. All criteria were met and the device was released from the delivery catheter.

At the end of the procedure, protamine was given to reverse Heparin, sheaths and catheters were removed. Appropriate sheath positioning for venous closure devices were confirmed with ultrasound. The vascular closure devices (Vascades lot# and ot#) were deployed without difficulty to each femoral venous puncture site. A total of 45ml of iodinated contrast was used. The patient tolerated the procedure well and was transferred in stable condition.

Hardware

Device Manufacturer	Device Name	Size	Lot Number
Boston Scientific	WATCHMAN/FLEX	31MM	

Conclusion

1. Successful placement of a left atrial appendage occlusion device.
2. Of note, throughout the procedure IV Heparin was given to maintain ACTs in the range of 250-300 seconds while catheters were in the left atrium.
3. There was no leak noted after device deployment.
4. Maximum left atrial appendage orifice diameter measured was 17 mm

Plan

1. Continue Eliquis as directed
2. Follow-up in 6 weeks

Complications

None

Radiation dosage (Includes ablation portion of procedure)

Air Kerma(AK): 209 mGy
Dose Area Product (DAP): 1533.30 uGy*m^2
Fluoro time: 34.4 minutes

Number of ACTs performed (Includes ablation portion of procedure)
Two

Total contrast used
45mL

Estimated Blood Loss
Less than 20ml

Specimens Collected
None

Post Procedure Diagnosis
Atrial fibrillation / atrial flutter s/p successful Boston Scientific Watchman/Flex system implant.

4.27.23 12:30

Andrea Natale, MD 4/27/2023

Parts of this document were entered by the electrophysiology monitoring staff member under the direction of the physician.

Brandon Doyle, CVT 4/27/2023