

Left atrial appendage occlusion – starting a program

Vjekoslav Tomulić*,
Sandro Brusich,
Tomislav Jakljević,
Koraljka Benko

University of Rijeka School
of Medicine, University
Hospital Centre Rijeka,
Rijeka, Croatia

KEYWORDS: left atrial appendage occlusion, percutaneous intervention, atrial fibrillation.

CITATION: *Cardiol Croat.* 2016;11(3-4):138. | **DOI:** <http://dx.doi.org/10.15836/ccar2016.138>

***ADDRESS FOR CORRESPONDENCE:** Vjekoslav Tomulić, Klinički bolnički centar Rijeka, T. Stržižića 3, HR-51000 Rijeka, Croatia. / Phone: +385-99-736-6505 / E-mail: vtomulic@gmail.com

ORCID: Vjekoslav Tomulić, <http://orcid.org/0000-0002-3749-5559> · Sandro Brusich, <http://orcid.org/0000-0001-7394-6698>
Tomislav Jakljević, <http://orcid.org/0000-0002-3692-0111> · Koraljka Benko, <http://orcid.org/0000-0001-7556-0860>

Percutaneous left atrial appendage occlusion for stroke prevention in permanent atrial fibrillation is new and dynamic area in interventional cardiology. The procedure involves cardiology team consisting of interventional cardiologist or electrophysiologist and dedicated echo operator. The intervention is simple and straightforward, with low complication rate and high procedural success.^{1,2}

To successfully start and maintain the volume of procedures it is necessary to build a multidisciplinary referral network (gastroenterologist, neurologist, urologist, hematologist). Educational seminars and lectures containing up to date registries and studies have to be performed in order to convince the colleagues in procedure's safety and effectiveness. Pamphlets and simple to use checklists for patient selection have to be prepared and distributed to all in referral network. Sharing Your experience on congresses (local or international) is fundamental: it is an opportunity to discuss the cases with other colleagues and reassure them in Your competence and skill. Inviting other interventionalists to see the procedure and organising hands-on courses is the last step in setting such a program.

University Hospital Centre Rijeka started the preparations for the procedure in September 2015. All the necessary education of the operators and material preparation was done in a two months' time. Patients were discussed and selected on the Cardiology Department meetings. First two proctored cases were performed in December 2015, two more in February 2016 and the next procedures are scheduled for April 2016. We had 100% periprocedural success and all four patients are without MACE in follow up period.

RECEIVED:
February 10, 2016

ACCEPTED:
February 20, 2016



LITERATURE

1. Lin AC, Knight BP. Left atrial appendage closure. *Prog Cardiovasc Dis.* 2015;58(2):195-201. **DOI:** <http://dx.doi.org/10.1016/j.pcad.2015.07.009>
2. Price MJ. Left atrial appendage occlusion with the WATCHMAN™ for stroke prevention in atrial fibrillation. *Rev Cardiovasc Med.* 2014;15(2):142-51. **PubMed:** <http://www.ncbi.nlm.nih.gov/pubmed/25051131>