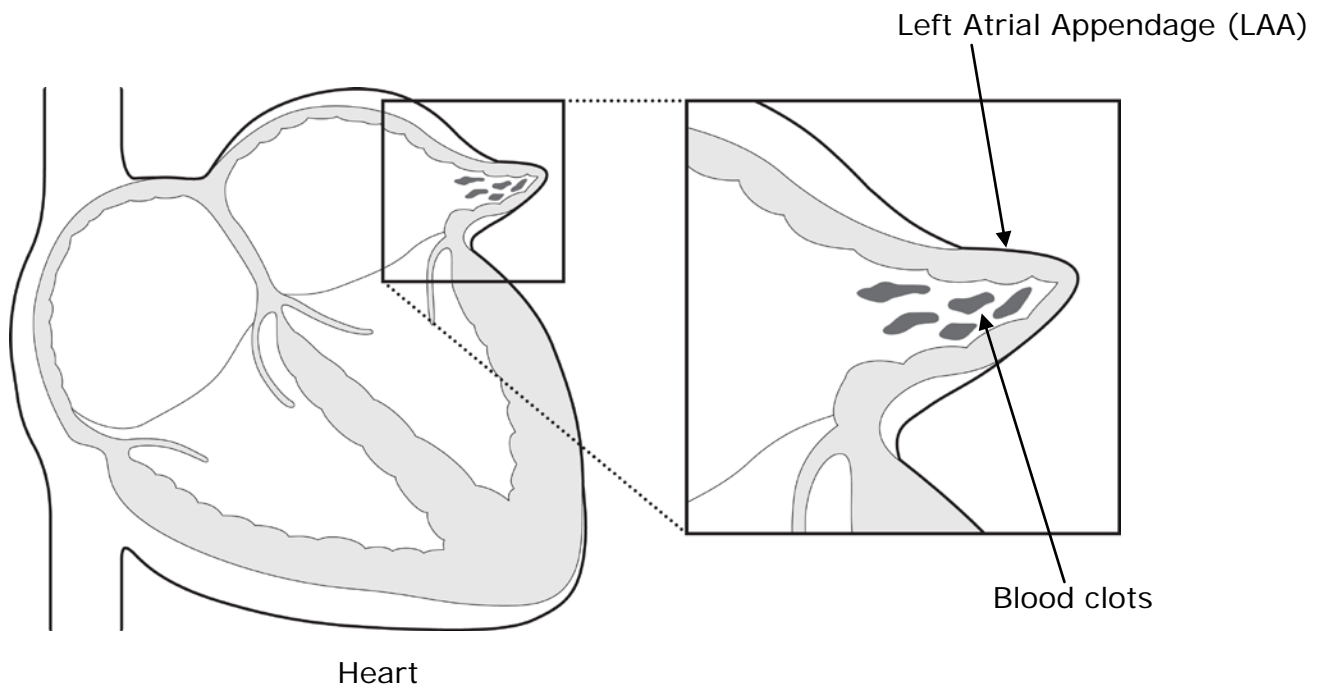


Insertion of a Left Atrial Appendage Closure Device

What is the Left Atrial Appendage (LAA)?

The left atrial appendage (LAA) is a pouch in the left atrium about the size of a thumb. This pouch is a normal part of the heart.



In patients who have atrial fibrillation, blood clots can form in the LAA. From there, they can enter the bloodstream to cause a stroke. The LAA is a major source of blood clots when you have atrial fibrillation.

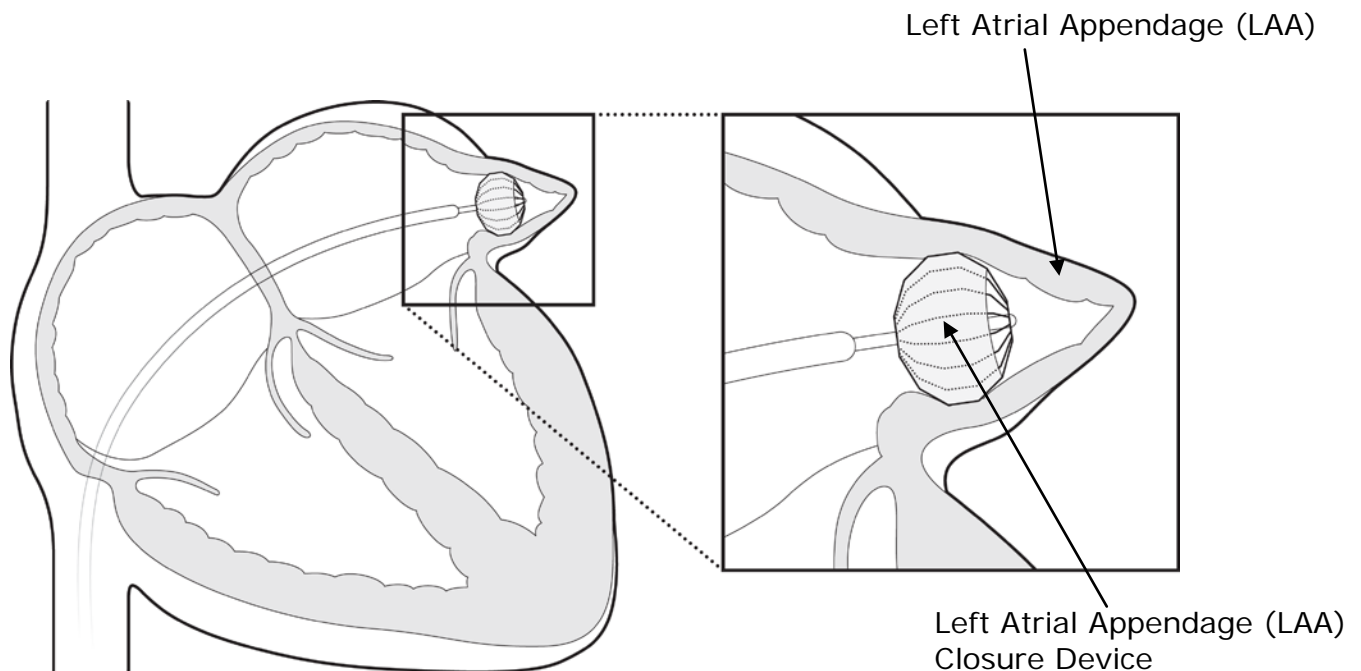
Most patients with atrial fibrillation are treated with blood thinners to help prevent blood clots from forming. This is called anticoagulant therapy. Blood thinner medications include Coumadin® (warfarin), Pradaxa®, Xarelto® and Eliquis®.

However, your doctor has recommended that you have a Left Atrial Appendage Closure Device put into your LAA to prevent blood clots from forming there.

What is a Left Atrial Appendage (LAA) Closure Device?

It is a permanent device made from common materials used in other medical devices. The closure device was developed for people who do not tolerate anticoagulant therapy.

It will prevent blood clots from going into the blood stream and causing a blockage which may cause a stroke.



How is a LAA closure device inserted?

- A catheter is inserted into the vein in your groin and is guided into the heart.
- The doctor then uses x-ray and an echocardiogram to see if the catheter is in the right position.
- Once the doctor sees that it is in the right position, the device is put into place.
- More x-ray images will be taken to make sure it is correctly placed.

What are the risks of a Left Atrial Appendage closure?

- Your doctor will explain your risks to you before the procedure and ask you to sign a consent form.
- Make sure you understand the risks and benefits of the procedure before you sign the consent.

How do I get ready for the procedure?

In the weeks leading up to your procedure you will be:

- notified once a procedure time is booked for you. You will have your procedure done at the Hamilton General Hospital.
- booked to attend the Arrhythmia Clinic, at the Hamilton General Hospital, to meet with the doctor and have an electrocardiogram (ECG). You may have blood work taken at this time.
- booked to attend the Pre-op Clinic at McMaster University Medical Centre.
- booked for a transesophageal echocardiogram (TEE).

You may be booked for a CT scan.

If you are on blood thinners you will be booked to meet with the Thrombosis Service at the Hamilton General Hospital. They will manage that medication before and after your procedure.

The night before your procedure:

- You may eat and drink until 12:00 midnight.
- After midnight, you cannot have anything to eat or drink. This includes sucking candies and chewing gum.

The morning of your procedure:

- Remove contact lenses, make-up, earrings and all other jewellery.
- Do not eat or drink.
- Take any medications with sips of water as instructed.
- Once you arrive at the Hamilton General Hospital, go to Patient Registration on the Main Level.
- You will then be directed to go to the Cardiac Arrhythmia Unit, also called the Electrophysiology (EPS) Lab, located on the 4th floor of the main building.

You may have 1 or 2 family members or friends with you before and after your procedure.

In the Arrhythmia Reception area:

- You will change into a hospital gown.
 - An intravenous (IV) will be started in your arm. The IV is used to give you fluids and medications if you need them.
 - You may be given some sedation to help you relax.
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What can I expect in the EPS Lab?

- A team of doctors and nurses will greet you. They will be wearing operating room clothes.
 - You will meet the doctor who will do the procedure.
 - You will be attached to a heart monitor and a blood pressure cuff.
 - A small clip will be attached to your finger to check the oxygen in your blood.
 - Defibrillator pads are sticky pads which will be placed on your back and to one side of your chest. The pads allow the doctors and nurses to deliver energy to your heart if the rate is too fast or to pace your heart if it is too slow.
 - The anesthesia doctor will put you to sleep. Both of your groins will be cleansed with a special soap. Sterile drapes will cover you from your neck to your feet.
 - You may also have a line for monitoring your blood pressure inserted into an artery in your wrist during the procedure.
 - You may have other lines put in during the procedure.
 - You may have a catheter inserted into your bladder.
 - The procedure will take 1 to 2 hours.
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What happens after the procedure?

- After the procedure, you will be taken back to the Arrhythmia Reception area. Then you will be transferred to the Coronary Care Unit (CCU) to be monitored overnight.
- Recovery is usually fairly quick. Most patients leave the hospital after 24 hours.
- Before you leave the hospital, your doctor will provide you with prescriptions for medication to take and let you know what activity you can do.
- Ask your doctor when you will be able to return to work. The type of work you do will determine when you can return to work.
- Follow up appointments are made with the doctor after the procedure at 1, 3, 6 months and 1 year after the procedure. You may have another transesophageal echocardiogram (TEE) in 3 months.

When you go home

- Although you may feel fine the next day, the effects of the sedation may still be with you. Do not operate heavy equipment or power tools.
 - Limit your lifting to less than 9 kilograms or 20 pounds for the next 2 to 3 days.
 - You can walk or do gentle exercises when you get home.
 - Avoid all strenuous activity for the first month after the procedure.
 - If you see blood on your bandage, place firm pressure on the area for 5 minutes. If bleeding continues, call your family doctor or go to the Emergency Department.
 - If you develop a lump under your bandage, place firm pressure on the bandage. If the lump is smaller than a golf ball, then contact your family doctor. If it continues to get bigger, larger than a golf ball, go to the Emergency Department.
 - You may remove your bandage the next morning.
 - You may shower the next morning. Do not soak in water, such as a pool, hot tub or bathtub for the next 3 days.
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Will I have to take any medications?

Yes. You will need to stay on the same medications you were on before your procedure. If there are any changes the doctor will let you know.

Will I need to carry an identification card for my device?

Yes. You will need to carry the identification card with you to identify that you have an implanted device. The information on the card will help identify the device, date inserted and the physician who put it in.

Call 911 or go to the Emergency Department if you have any of these symptoms after the procedure:

- pain
- numbness
- sudden weakness
- dizziness
- rapid heartbeat

It is important that you attend all appointments before and after your procedure.

