Approaches to Left Atrial Appendage Exclusion: An Issue of Interventional Cardiology

Left atrial appendage exclusion (LAAE) is a procedure that is used to prevent stroke in patients with atrial fibrillation (AF). AF is a heart rhythm disorder that can lead to blood clots forming in the left atrial appendage (LAA). These clots can then travel to the brain and cause a stroke. LAAE can be performed using a variety of techniques, including surgical exclusion, percutaneous exclusion, and catheter-based exclusion.



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Surgical exclusion

Surgical exclusion is the traditional method of LAAE. It involves opening the chest and directly suturing the LAA closed. This is a major surgery that is associated with a significant risk of complications, including bleeding, infection, and damage to the heart. However, surgical exclusion is still

considered the gold standard for LAAE and is the only method that has been shown to be effective in preventing stroke in patients with AF.

Percutaneous exclusion

Percutaneous exclusion is a less invasive method of LAAE that can be performed through a small incision in the groin. A catheter is inserted into the femoral artery and advanced into the LAA. The catheter is then used to deliver a device that occludes the LAA. Percutaneous exclusion is associated with a lower risk of complications than surgical exclusion, but it is also less effective in preventing stroke. This may be because the occluding device can sometimes move out of place, allowing blood clots to form in the LAA.

Catheter-based exclusion

Catheter-based exclusion is a newer method of LAAE that uses a catheter to deliver a laser or radiofrequency energy to the LAA. This energy causes the LAA to scar and close off. Catheter-based exclusion is less invasive than surgical exclusion and percutaneous exclusion, and it is also more effective in preventing stroke. However, this procedure is still in its early stages of development, and long-term data on its safety and efficacy is not yet available.

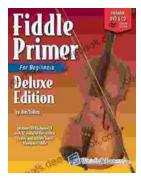
LAAE is an effective procedure for preventing stroke in patients with AF. The best method of LAAE for a particular patient will depend on their individual circumstances. Surgical exclusion is the gold standard for LAAE, but it is associated with a significant risk of complications. Percutaneous exclusion is less invasive than surgical exclusion, but it is also less effective in preventing stroke. Catheter-based exclusion is a newer method of LAAE that is less invasive than surgical exclusion and percutaneous exclusion, and it is also more effective in preventing stroke. However, this procedure is still in its early stages of development, and long-term data on its safety and efficacy is not yet available.



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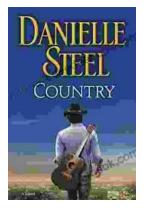
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