

# Left atrial appendage closure (LAAC)

## What is the left atrial appendage?

The left atrial appendage (LAA) is a blind ending pouch-like extension of the left atrium (one of the upper heart chambers).

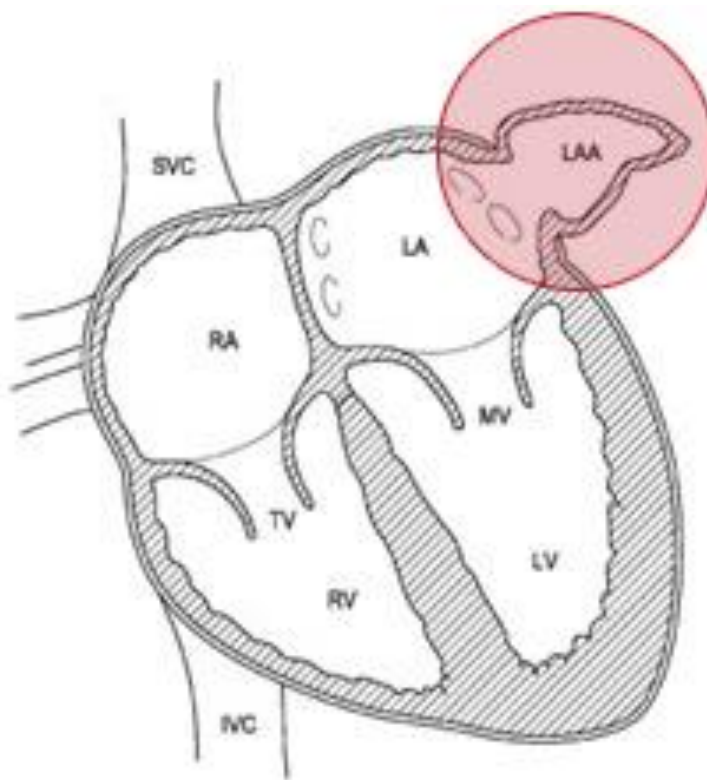
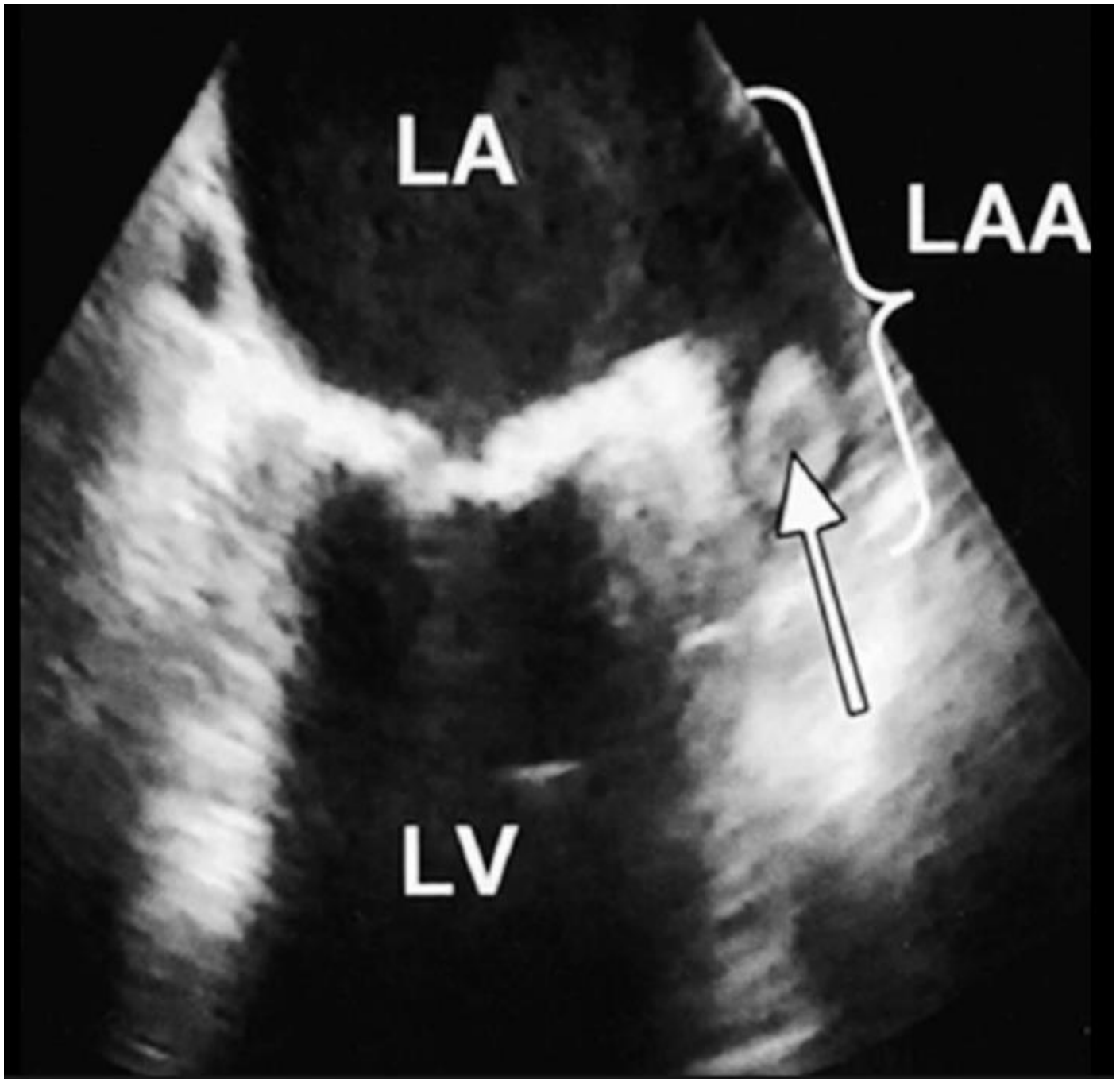


Image depicting the left atrial appendage (LAA): A blind ending extension of the left atrium.

## What is the significance of the LAA in the setting of atrial fibrillation (AF)?

Studies have shown that > 90% of strokes in the setting of AF is caused by blood clot that has formed, and subsequently dislodged, from the LAA.



An example of a large blood clot (known as *thrombus*) in the left atrial appendage. If the clot dislodges, it will pass into the systemic blood stream and may lead to a stroke.

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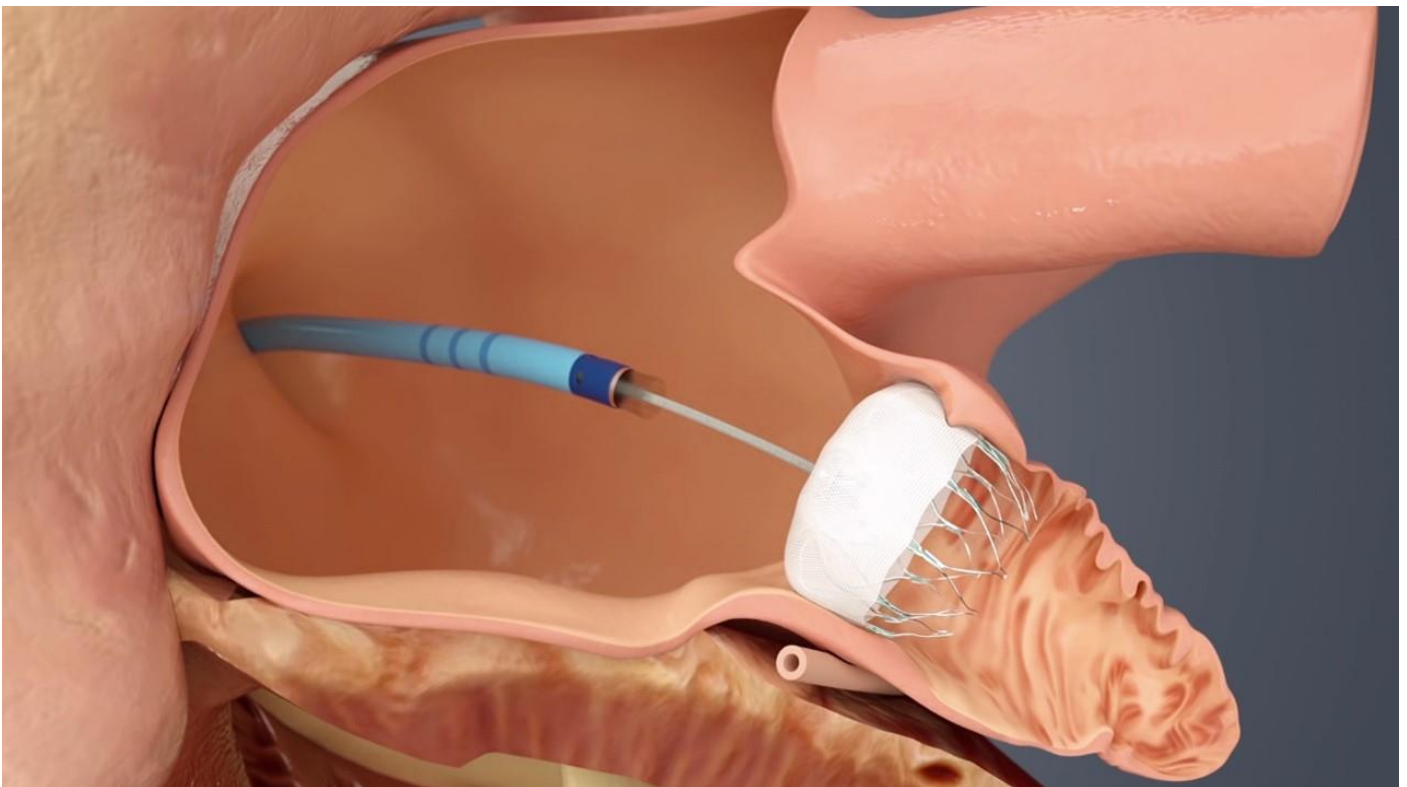
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## What is the significance of the LAA in the setting of atrial fibrillation (AF)?

The risk of thrombus formation and subsequent stroke in AF can be reduced by the use of blood thinners (known as *oral anticoagulants*). This forms the cornerstone of stroke prevention in AF. Some patients, cannot tolerate the required blood thinning medication, usually due to unacceptably high bleeding risk. For these patients left appendage closure is an excellent alternative to prevent strokes when they suffer from AF.

During a left atrial appendage closure procedure, a plug-like structure is implanted in the mouth (known as the *orifice*) of the left atrial appendage. This seals off the left atrial appendage from the left atrium, and largely excludes it as a source of blood clot that could cause a stroke over time. In approximately 6 weeks your own heart tissue will grow over the device, finalizing the sealing off process (known as *endothelialization*).



## Can I stop my blood thinners after I had a left atrial appendage closure procedure?

The purpose of LAAC is to allow total discontinuation of blood thinners, especially oral anticoagulants (Warfarin or DOACs). For the first 6 weeks patients will be kept on some form of blood thinner, most often only anti-platelets.

## How do I know if the procedure was successful?

Immediate procedural success is determined based on an echocardiogram that is performed during the procedure. The device can be recaptured and repositioned if the cardiologist is not satisfied with the position. At approx. 6-12 weeks a follow up TOE (internal heart sonar,

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performed like a gastroscopy) will be done to determine the final procedural outcome. This will dictate whether blood thinners may be stopped, which is the case in 99% of patients.

### **How do I prepare for the procedure?**

You will be admitted on the day of the procedure. The procedure is performed under general anaesthesia, so you will not experience any pain or discomfort. The device is implanted via a blood vessel in your groin. The small hole in the skin will be covered in a plaster when you wake up afterwards. You need to stay in bed for approximately 6 hours, after which you can mobilize. If there are no complications or other indications for you to remain in hospital, you will usually be discharged the day after the procedure.

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