



The Left Atrial Appendage Occluder (LAAO)

15 million people suffer stroke worldwide each year. Of these, 5 million die and another 5 million are permanently disabled.

Patients with a history of Atrial Fibrillation who do not have rheumatic heart valve problems may be able to consider left atrial appendage closure as an alternative to long-term warfarin treatment to prevent stroke. Atrial fibrillation can cause blood to stagnate and form clots in an area of your heart called the Left Atrial Appendage (LAA). The LAA is about the size of your thumb and looks like a small pouch on the top of your heart.

What is the Left Atrial Appendage Occluder (LAAO)?

The Occluder is designed to keep harmful blood clots from entering your blood stream, potentially causing a stroke. It is made of materials that are common to many medical devices, and cannot be seen outside the body.

The device is implanted in the left atrial appendage of your heart to permanently close off this small

pouch and keep harmful blood clots from entering your bloodstream. By closing off the left atrial appendage, the source of more than 90% of stroke-causing blood clots that come from the heart in people with non-valvular AF, the risk of stroke may be reduced and, over time you may be able to stop taking warfarin.



How is the Occluder Implanted?

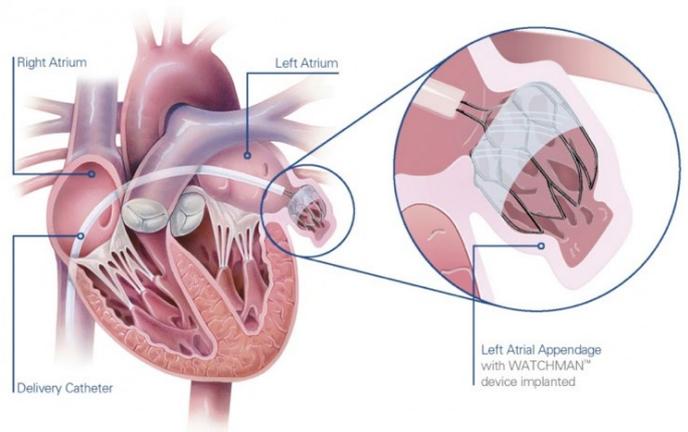
The Occluder is a one-time implant typically performed under general anaesthesia. The implant does not require open heart surgery and does not need to be replaced.

Similar to a stent procedure, your doctor will guide the occluder into your heart through a flexible tube (catheter) inserted through a vein in your groin. Your doctor will cross a catheter from the right side of the heart to the left side of the heart. Ultrasound pictures are performed by Transoesophageal echocardiography to guide correct positioning in the heart. Once the position is confirmed, your doctor will release the implant to leave it permanently fixed in your heart.

At completion of the procedure the catheter will be withdrawn from the groin and pressure applied to seal the site. You will be taken to recovery and then back to the coronary care unit for monitoring overnight. It is common to have some minor bruising and discomfort at the groin site in the first 24 hours post procedure.

You should avoid heavy lifting and exercise for the first few days post-procedure but will be able to resume normal activities the following week. You will be instructed as to what oral anti-coagulant (blood-thinners) treatment you are to take post-procedure.

An appointment for review with your Cardiologist and a follow-up Echocardiogram will be organised 4-6 weeks after your procedure.



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