

### 2024 Northern California Structural Heart Summit



Heart & Vascular Center

### Techniques to optimize intraprocedural imaging guidance for LAAO

Kwame Atsina MD Assistant Clinical Professor, Cardiology UC Davis Medical Center



• No relevant conflicts of interest



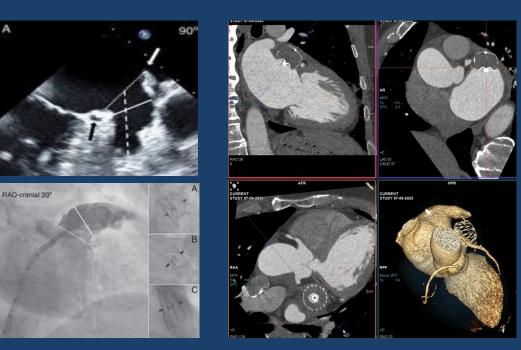
## OBJECTIVES

- Provide a brief overview of multi-modality imaging in LAAO guidance
- Outline the different aspects of TEE guidance of LAAO procedures
- Review techniques for intraprocedural TEE imaging optimization



# Multi-modality imaging

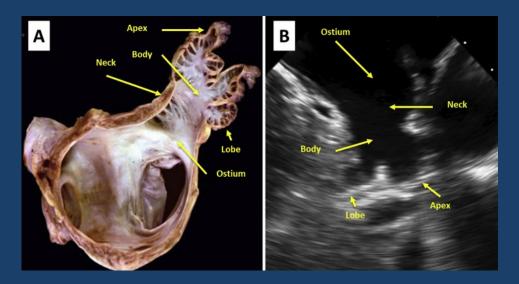
- Important tool in assessing and guiding LAAO procedures
- Pre and post procedural assessment
  - TEE (2D and 3D MPR)
  - Cardiac CT
- Intraprocedural guidance
  - TEE
  - ICE
  - Fluoroscopy

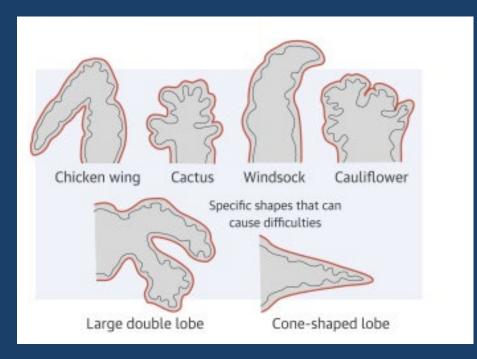




## TEE Pre-procedural LAA assessment

- Detail LAA anatomy
  - Morphology
  - Lobes, angulations, trabeculations
  - Surrounding structures



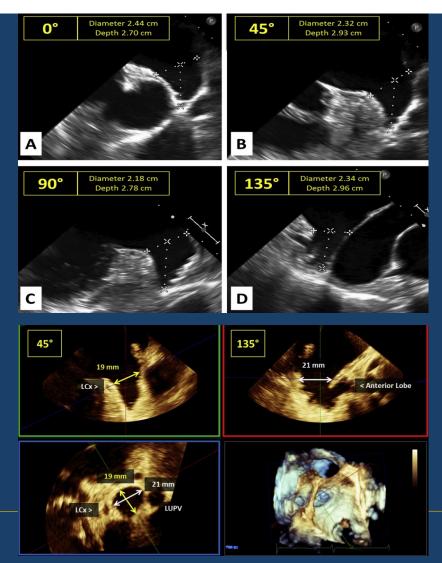


Wunderlich et. al. JACC Cardiovasc Imaging 2015.



## Pre-procedural LAA assessment

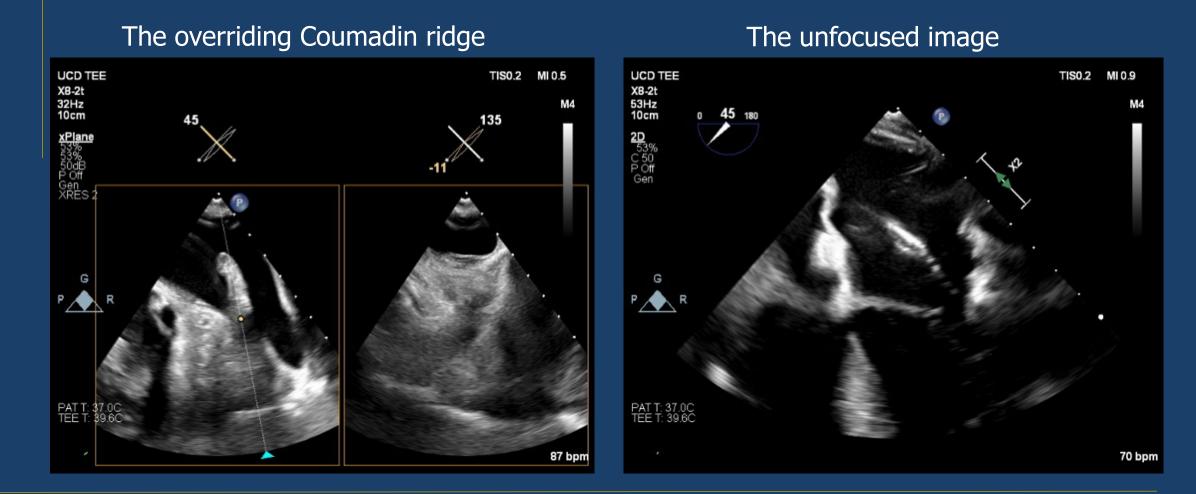
- LAA sizing
- Suitability for closure
- Appropriate device
  - Standard views (0, 45, 90, 135 degrees)
  - Ostial or landing zone diameter, depth
- 2D and 3D with MPR assessment
- Evaluate for potential complicating factors:
  - LA/LAA thrombus
  - Pacemaker/ICD lead lesions
  - Atrial septal aneurysm, large shunts
  - Large pericardial effusions





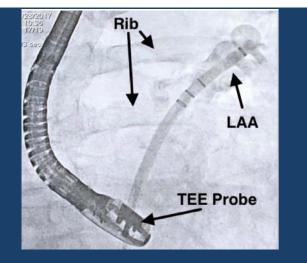
Vainrib et. al. JASE 2018.

## Common LAA imaging challenges

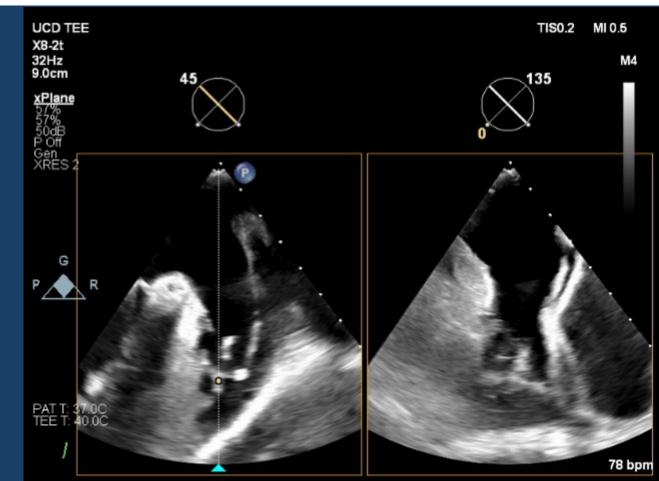




## LAA Image Optimization



- TEE probe advancement and anteflexion
- Utilizing image post processing tools
  - Narrow sector width, increase frame rate
  - Decrease *depth* (instead of using *zoom*)
  - Optimize *gain* and *gray scale*
  - Adjust *focus*

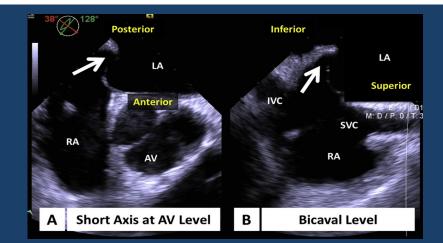


Deegan et. al. Cardiothoracic Vasc Anes. 2019.



### Intraprocedural Guidance – crossing the septum

- Trans-septal puncture
  - Clearly show the superior-inferior (bicaval), anterior-posterior (short AV) axes of the IAS
  - Cross in the inferior-posterior part
  - Avoid LASH
  - Ensure no thrombus crosses



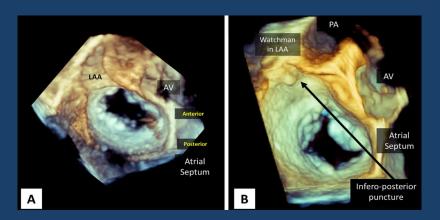


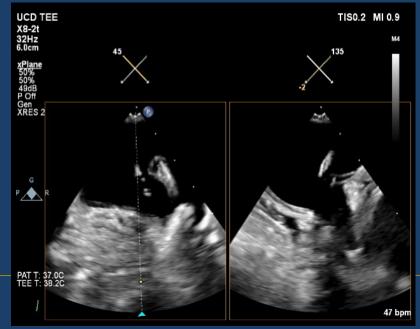


## Intraprocedural Guidance – advancing to the LAA

- Guide catheter advancement to the LAA
  - Show advancement of the pigtail into the LAA
  - 3D can help confirm location and guide advancement





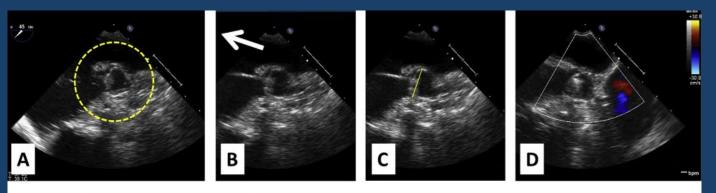




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## Intraprocedural Guidance – device deployment

- LAAO device deployment
  - Optimize visualization during deployment
  - Ensure device stability
  - Adequate device compression
  - Peri-device leak

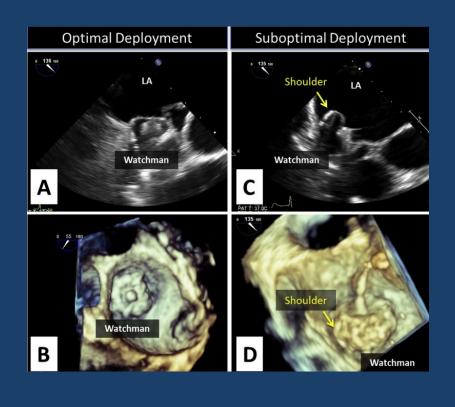


POSITION Properly positioned; no tilt

ANCHORING Tug Test

SIZE 15-30% Compression

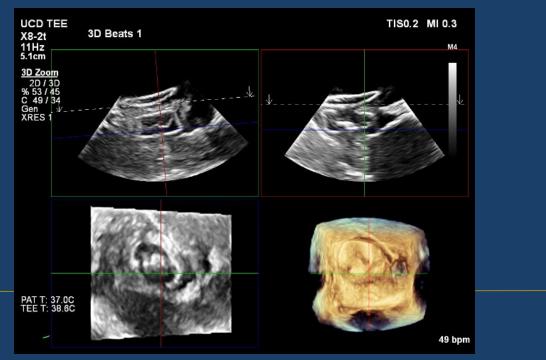
SEAL No para-device leak





#### Device assessment

- 3D MPR can enhance device assessment post-deployment
- Assess for PDL using a low Nyquist limit (30 cm/s) to increase detection sensitivity









## SUMMARY

- Know your anatomy
- Communicate clearly with your interventional team and with a common language
- Use all available tools to find the best image
  - Probe adjustment tools (advancing/retracting probe, ante/retroflexion, right/left, angles)
- Use 3D with MPR to enhance your assessment
- Center the object of interest and optimize resolution using processing tools
  - Sector width/frame rate, depth, focus, gain, gray scale



#### References

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#### THANK YOU

