

QUICK REFERENCE GUIDE for PFO CLOSURE

Approx Case Time: 45 mins

Defn: To close an abnormal opening or PFO in the Atrial Septum that permits shunting of blood from the left to the right side of heart resulting in a increase in Pulmonary blood flow. [http:// www. Pediatriccardiacinquest.mb.ca/ch02/transposition.html](http://www.Pediatriccardiacinquest.mb.ca/ch02/transposition.html)⁹
(Updated Mar 23/2018)

Equipment required

Sterile table #1

- Left heart pack, Sterile basin
- Extra procedure table with sterile table cover, extra sterile green towels
- 8Fr-12cm sheath for RFV
- 6F - Sheath, 5Fr – radial or femoral sheath – as per MD
- Perclose AT x 1
- Wires : .035J-145cm wire, Cook Amplatz Extra stiff wire .035-260cm
- 7Fr Wedge Catheter
- 7Fr Goodale-Lubin Catheter
- Possibly Diagnostic Cath for Coronary/LV (JL3.5or JL4 | JR4 or JR5 | Pigtail)
- Amplatzer Delivery System (choice of 8Fr, 9Fr, 10Fr or 12Fr)
- PFO Septal Occluder (25 or 35mm)

Possible Medications

- Local Zylocaine 2% & Bupivacaine .5%
- Versed and Fentanyl Sedation as ordered
- Heparin Boluses as ordered by MD
- Ancef or Vancomycin (if allergy) as per MD

Procedure Flow in Brief (Based on Recent Flowsheet)

- Pt arrives in lab. Monitoring of Vital signs commenced.
- Sedation given as ordered, Antibiotic Given
- Pt prepared usual sterile fashion, local anaesthetic, MD cannulates RFV with 8fr for 7Fr Goodale-Lubin catheter; arterial access if performing LHC
- 7Fr Wedge pressure catheter may be used to measure right heart pressures
- Perclose sutures preset in R or L Femoral Vein
- RHC with Balloon wedge
- 7Fr Goodale-Lubin catheter given then advanced over Jwire via RFV sheath up to and across PFO; LA pressure and PV O2 sats performed
- Wire removed then Hand flush with radiopaque contrast is performed to ascertain correct catheter position
- .035-260cm AES wire then advanced via Goodale-Lubin catheter across PFO
- Goodale-Lubin catheter then removed along with 7fr sheath over exchange wire
- PFO device prepared and mounted onto Amplatzer Delivery system.
- Device advanced to PFO. Device positioned across PFO.
- RA injection performed to verify position of implant device. Device released.

- Delivery system removed.
- Access site closed with closure sutures and bandaid applied.