

MITRAL CLIP PROCEDURE

SETUP 3 TABLES AND REMOVE CABINETS

- A Abbott Steerable Guide Catheter SGC0101
- B Abbott Clip Delivery System CDS0201
- C Abbott Vascular Lift LFT01ST Lift
- D Abbott Vascular Support Plate PLT01ST Support Plate
- E Sterile System Stabilizer SZR01ST [Qty: 1required]
- F Biohazard Bag Kits
- G Transseptal Sheath (SRO) and Guidewire-**EP storage room**
- H Transseptal Needle (BRK) 71cm -from **ROOM 4**
- I Step-up dilators (12, 14, 16 Fr)
- J 260 cm 0.035" super stiff exchange length guide wire
- K High-pressure three-way stopcocks [Qty: 5 required]
- L Arterial high-pressure extension tubing [Qty: 3 required]
 - 5 sterile extension tubings 2 for each IV line and one for syringe
- M 50-60 cc syringes with luer fitting [Qty: 2 required]
- N 1000 ml pressure bags [Qty: 2 required]
- O Sterile IV tubing with thumbwheel occluders [Qty: 2 required]-**from OR**
 - 2 saline bags, 1-2drips/s (tegaderm to tape down tubing)
- P Heparinized sterile saline solution (1-liter bag) [Qty: 2 required]
- Q Rolling IV Pole
- R Large Sterile Basin with Heparinized saline
- S Zero silk x 3 to suture all 3 sheaths
- T Two transducer for simultaneous pressures
- U Protrack Pigtail wire
- V Laureate wire .035 -260cm str
- W Balloon wedge catheter, possibly coronary catheters
- X Sterile scissors, Pickups x2 and needle driver and mosquitos
- Y Perclose x 2

OTHER EQUIPMENT REQUIRED

- Foam to insulate metal plate
- Tape measure
- Foley potentially to be inserted
- Possible Lasix required
- General Anesthesia
- TEE & Echographer for TEE
- NEED Blood on demand
- **Remove Screws from Support plate @end of procedure**
- **Place in sharps containers**

Procedure Flow in Brief (based on first procedure)

- Anaesthesia preparation
- Patient intubated
- * blood on demand
- Foley catheter insertion
- Foam placed under patient knees and heels
- Plate placed mid-thigh to foot
- Lift placed over right knee-80cm from mid sternum to front of lift
- Cannulating RFV with 6Fr sheath
- Cannulating LFA and LFV with 6Fr and 7Fr sheath
- Sterile IV tubing hooked up to LFV sheath
- Zero Silk used for suturing all sheaths
- Two transducers zeroed for simultaneous pressures
- TEE probe inserted
- Possible coronary angios
- Right heart pressures and Oxygen sats of Fa, PA and LA performed
- Transeptal needle advanced across septum
- *Transeptal needle removed, new needle inserted*
- *Unable to cross septum due to difficulty positioning needle*
- Transeptal needle advanced across septum
- LA pressures and oximetry recorded
- Heparin _____ Units given
- Septum crossed balloon advanced
- Used dilators to upsize RFV sheath then preset perclose x2
- Melody(22 Fr) Dilator inserted across septum
- ACT drawn by Anesthesia, to be repeated q30mins
- Sheath removed over guidewire, deployment device advanced over guidewire
- Air bubbles aspirated from device
- Pigtail wire(Inoue wire) used to stay in LA-then pulled back
- Mitral Clip on delivery system prepared on table under Rep direction
- Mitral Clip advanced on delivery system under TEE guidance looking at Tip
- Clip advanced via LA to Mitral Valve and across Mitral Valve
- Valve visualized under 3D imaging and TEE
- Mitral Clip positioned under 3D and TEE
- Clip now opened then closed for repositioning
- Lasix given for increased airway pressures-
- Clip opened and then deployed
- Position confirmed by TEE
- Deployment device carefully removed
- Perclose secured x2 RFV