



Highlights from:

Stefan Buchner, MD, Ansgar Dreher, MD, Markus Resch, MD, Christian Schach, MD, Christoph Birner, MD, and Andreas Luchner, MD

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Simplified Method for Insertion of Steerable Guide into the Left Atrium Using a Pigtail Guide Wire During the MitraClip® Procedure: A Technical Tip

INTRODUCTION AND METHODS

- ▶ This retrospective, single-center study compared two techniques for maintaining left atrial access while exchanging the 22F-transseptal steerable guide catheter (SG) into the left atrium during MitraClip™ procedures. The standard technique of using a 0.035" stiff guidewire anchored in a pulmonary vein (PV) (n=18) was compared to the use of a 0.025" pigtail transseptal wire (n=21).

RESULTS

- ▶ Exchanges performed using both the standard technique and pigtail wire did not result in any crossing failures. However, two cases of pulmonary hemorrhage were observed in procedures where a stiff guidewire was anchored in a PV while procedures with the pigtail wire were complication-free. This is an important safety concern in procedures, such as MitraClip™, where prolonged anticoagulation may exacerbate risk of bleeding.
- ▶ With a pigtail wire, the average time required to place the SG in the left atrium was reduced by 13 minutes (Figure 1, $p < 0.001$) compared to the stiff guidewire.

DISCUSSION AND CONCLUSIONS

- ▶ The results of this investigation indicate that a pigtail wire offers the necessary support for exchange in a safe and markedly accelerated manner compared to using a stiff guidewire. Use of a pigtail wire was therefore recommended for structural heart procedures, such as MitraClip™, in which procedure time and safe maintenance of left atrial access are key considerations.

Procedure Time

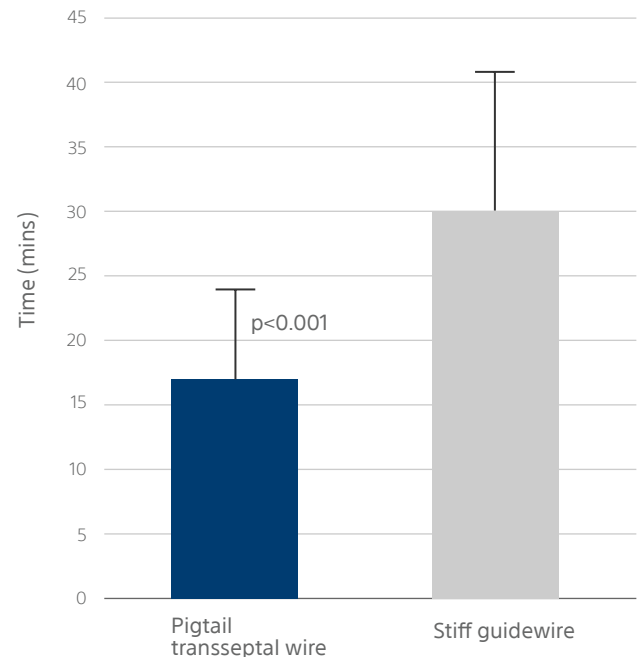


Figure 1. Time required to place the SG in the left atrium using the traditional technique with a stiff guidewire vs. a pigtail transseptal wire (error bars represent standard deviation). Placement time was defined as the time between the successful transseptal puncture and the positioning of the SG.

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