



B O R D E A U X

PERSPECTIVES 2019

November
Friday 29



“When everything is about a
guidewire”

My worst cases of LV Support



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Disclosure

Speaker name: AGUETTANT Antoine

I do not have any potential conflict of interest

Patient presentation



Mr A.

- Year of birth : 1975
- Tobacco weaning

Cardiac history

- Anterior SCA
- Ischemic cardiomyopathy
- Pacemaker (DAI)

Extra-cardiac history.

- Hodgkin Lymphom

Current observation

- Left heart failure
- LVEF 25-30%
- Several mitral regurgitation

Decrease mitral regurgitation
percutaneous access
« Mitraclip »

prevent cardiomyopathy evolution

Prevent acute heart failure
LV support device

« Impella 5.0 »

Therapeutic option

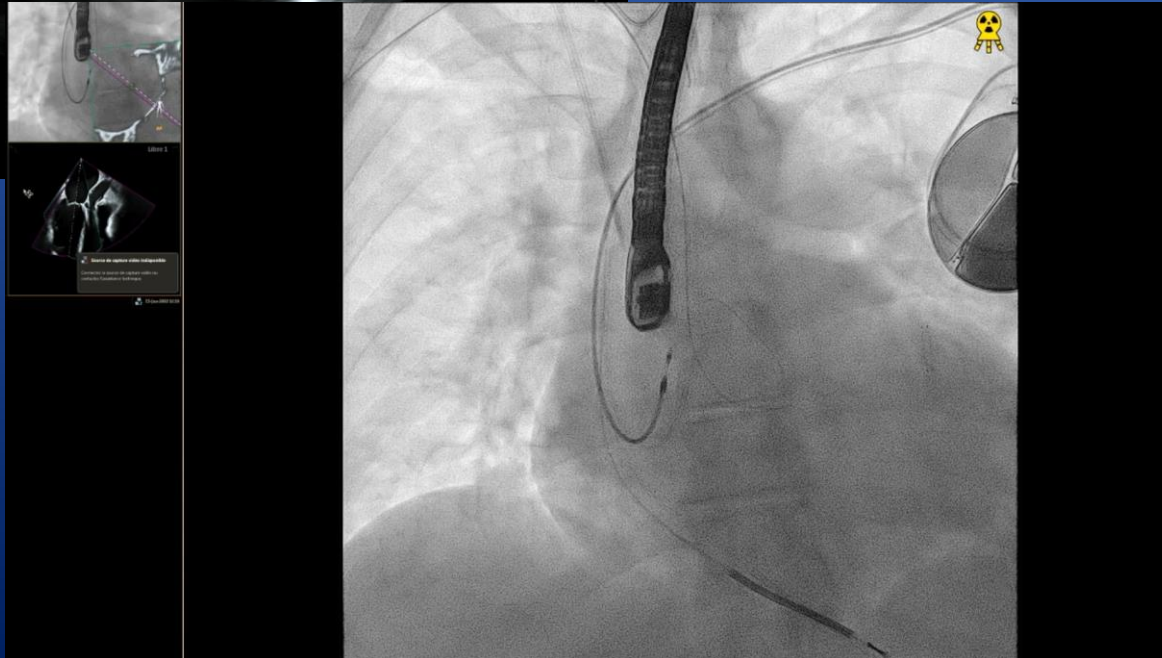
First step Impella 5.0 - axillary access



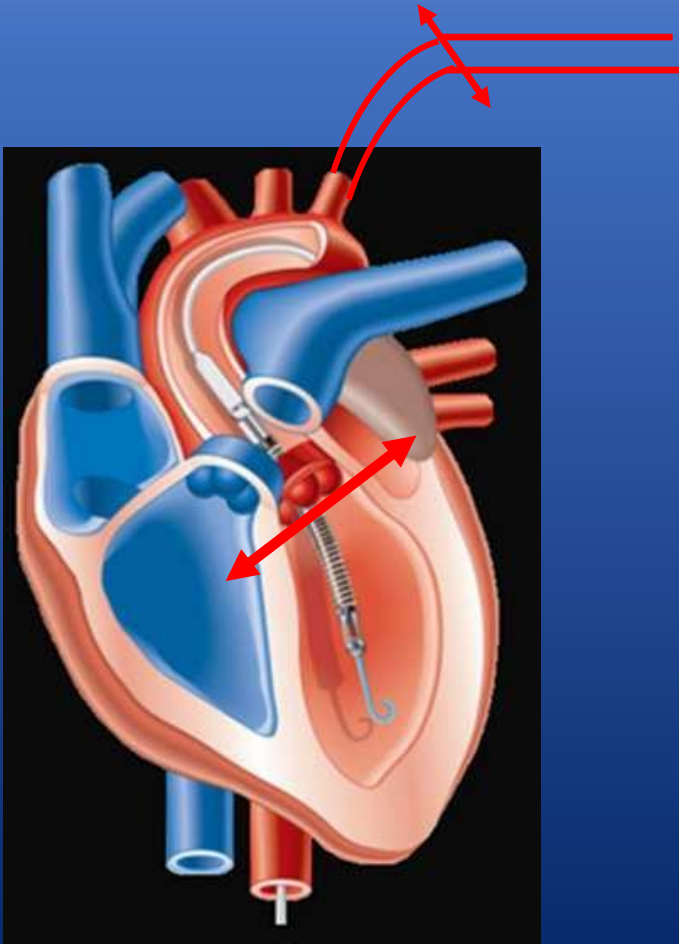
Protocol :
functional high mitral
Insufficiency

and

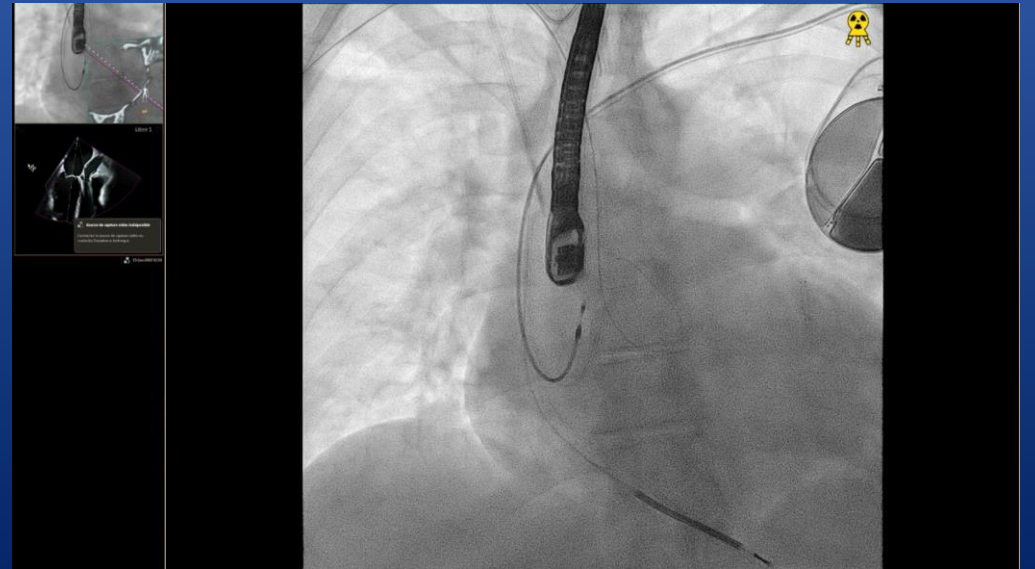
Heart failure



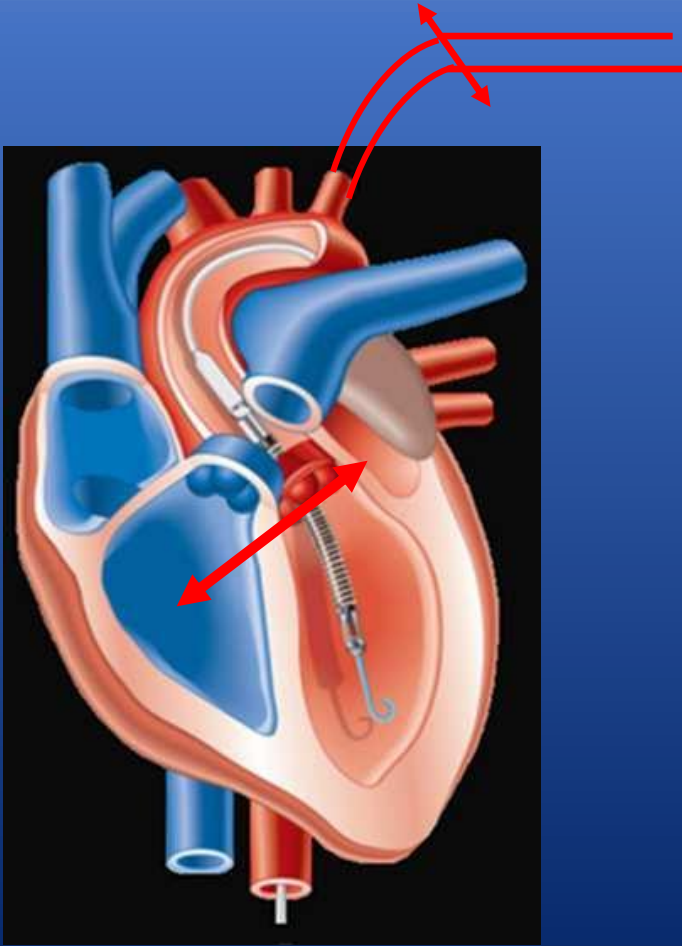
LV support malposition



- Decision : removal and replacement LV support
- But device clamped between aortic valve and subclavian artery.
- How to do?

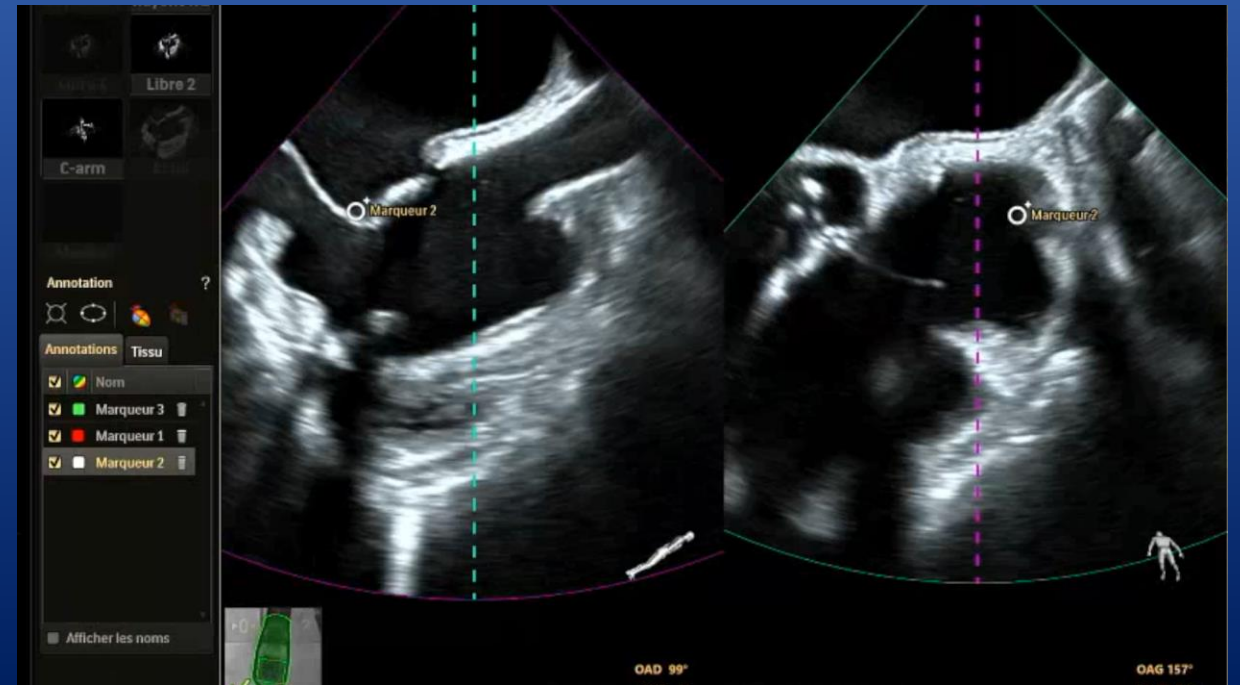
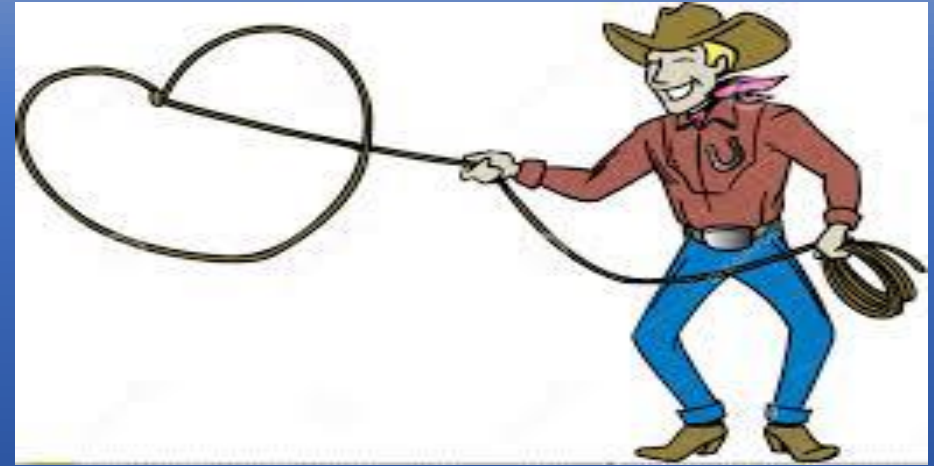
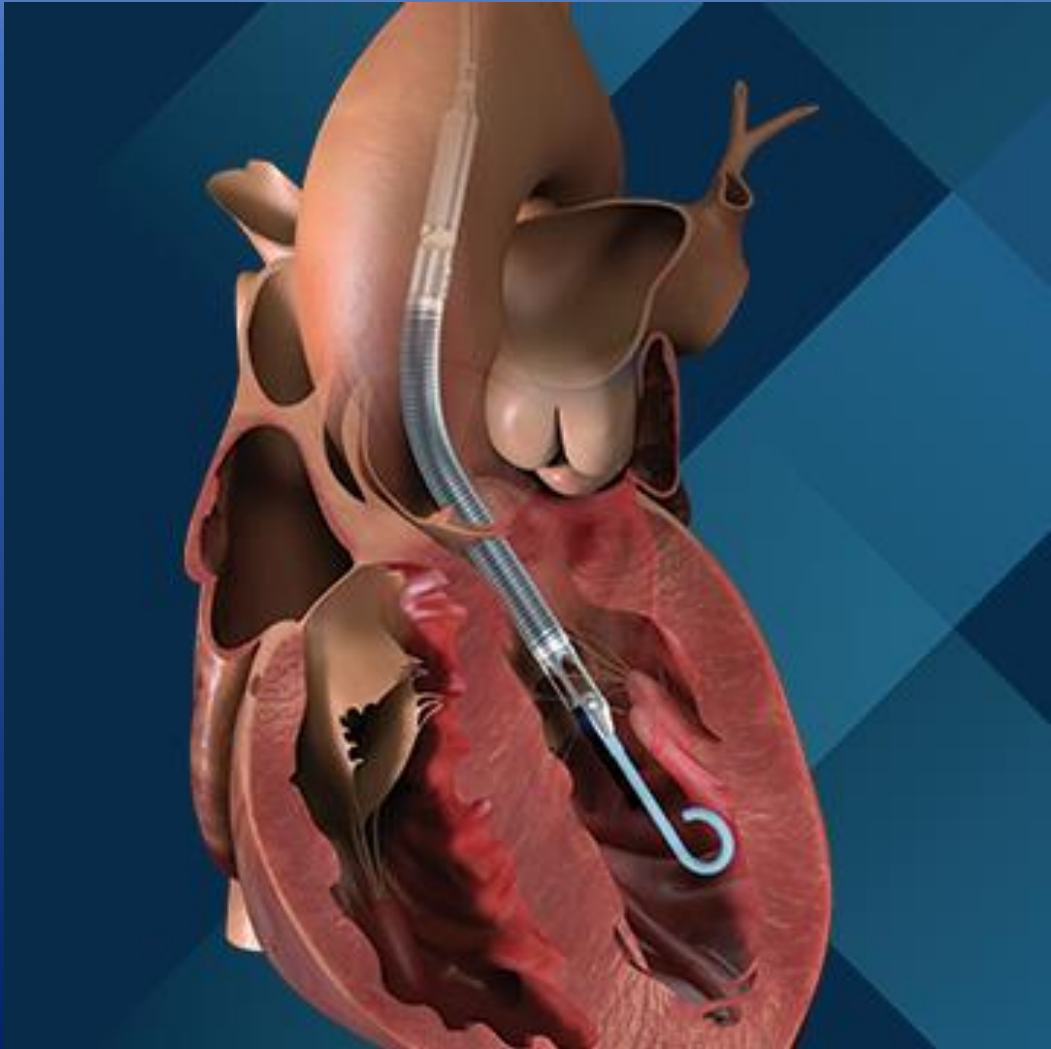


LV support malposition

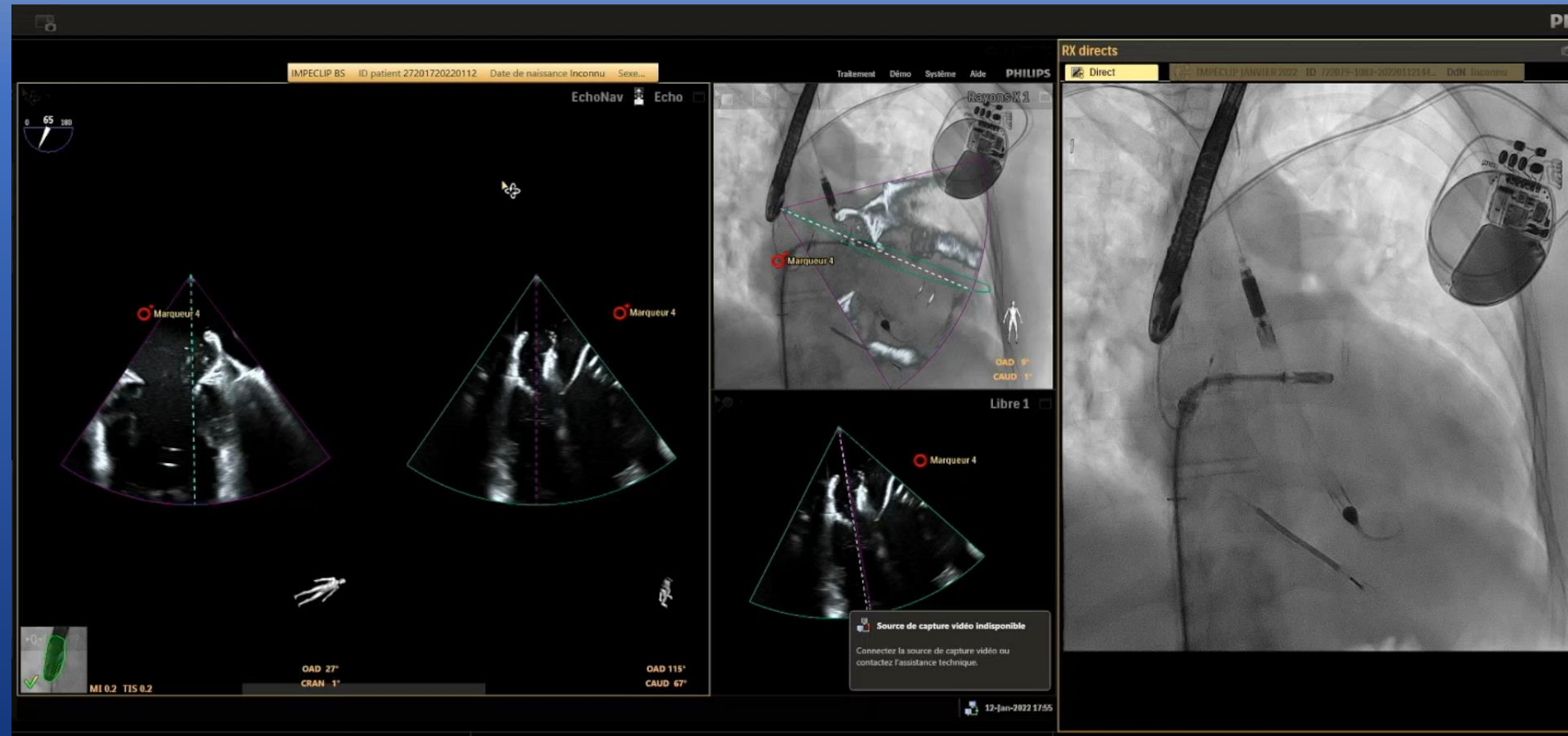


- Second step : mitraclip with transseptal approach

Solution to LV support implantation



Second part mitraclip implantation



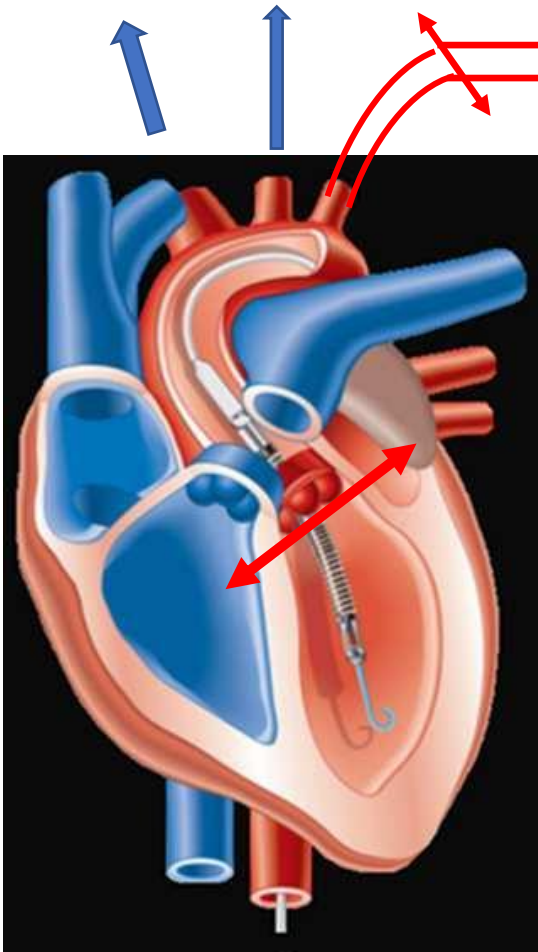
Mitraclip procedure

Follow up in Intensive care

- Good evolution, LV support during 5 days and no hemodynamic problem



Follow up in Intensive care



- But : How to release the Impella device :
 - Patient positioning
 - Endo-vascular approach : Upper side or femoral access?
 - Open surgery :
 - Cardiopulmonary Bypass
 - Hypothermia
 - Lv dysfunction



Endovascular approach

- Preop CT scan : thrombus on the driveline of Impella
- First step of removal device by brain protection (use an cardiovascular filter on the left vertebral artery).
- Impella removal, try :
 - Patient positioning
 - Percutaneous removing

Endovascular approach

Séries 1
Image 1..3 - 1 / 10
15-Oct-2021, 13:56




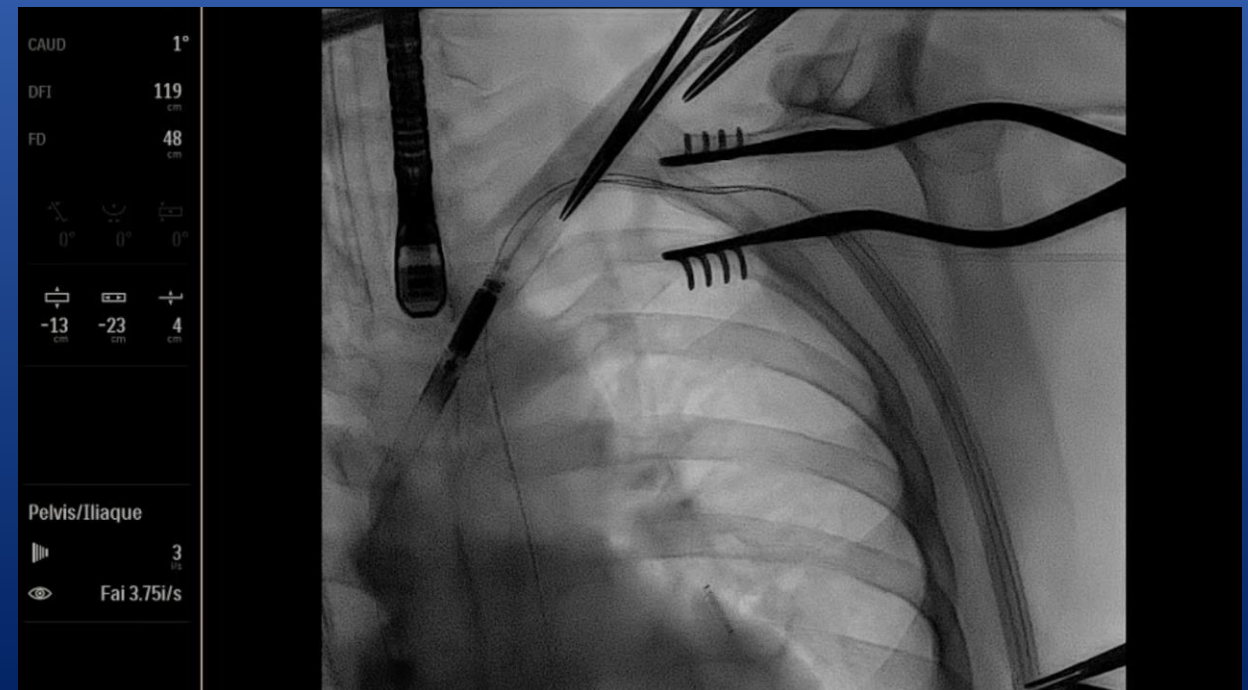
Endovascular approach

Percutaneous removal :
Sheath : 21 Fr Dryseal
Mandrin : intro 12F

Requirement : keep access,
guidewire terumo,
Brain protection

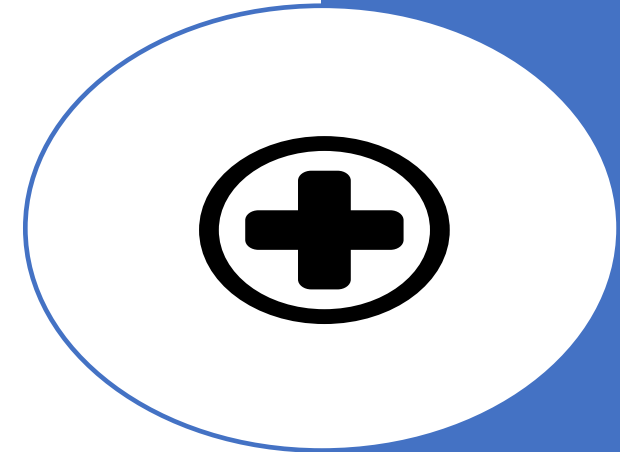
Impella 5.0 :

Feature	Impella 5.0*
Catheter Length	135cm
Cannula Diameter	21Fr
Motor Diameter	21Fr
Rigid length (motor & outlet)	42mm
Pigtail	YES
Sensor	Differential Pressure

A photograph of the Impella 5.0 catheter, showing its long, thin shaft and the curved tip with a pigtail.

Medical follow up +6Months

- Clinical observation
 - No chest pain
 - No unusual bleeding or bruising
 - No Heart failure
 - Arm pain during sport
- Final Trans-thoracic echography
 - LVEF 30% , decrease of mitral insufficiency
- Discussion



Thank you for your attention

The moral of the story

If you use a lasso...



The moral of the story

If you use a lasso...

... be careful not to trip over yourself



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