



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



## SAFETY AND CRITERIA FOR PERCUTANEOUS LEFT ATRIAL APPENDAGE OCCLUSION SAME DAY DISCHARGE

### Poster Contributions

For exact presentation time, refer to the online ACC.22 Program Planner at <https://www.abstractsonline.com/pp8/#!/10461>

---

Session Title: Interventional and Structural Flatboard Poster Selections: Basic and Translational Science

Abstract Category: 12. Interventional and Structural: Basic and Translational Science

---

Authors: *Catherine D. Shah, Michael J. Rinaldi, Jonathan Schwartz, John W. Holshouser, Terence Hill, Manish Jain, Monica Hatfield, Jordan Ziegler, Tayler Smith, Atrium Health, Charlotte, NC, USA*

**Background:** Left Atrial Appendage Occlusion (LAO) with the Watchman device is considered an elective procedure, and thus often deferred during outbreak peaks associated with the COVID-19 pandemic. Patients with bleeding issues on anticoagulation may require additional hospitalization for bleeding episodes or suffering increased risk of stroke by postponing occlusion while anticoagulation is discontinued. We chose to develop a protocol for screening, same day discharge, and follow up of selected LAO patients and continuing to provide quality clinical outcomes while accounting for decreased bed and staff capacity due to the pandemic.

**Methods:** Utilizing Knowledge to Action (KTA) nursing framework, a protocol was developed and reviewed with key stakeholders. Criteria for Same Day Discharge (SDD) includes: support at home, stable vitals and access site hemostasis prior to DC, agreeable to SDD, tolerant of oral intake, ability to urinate and safely ambulate prior to DC. Exclusion for SDD includes: Liver disease, Plt count <70,000, ESRD or CKD IV or any site or procedure complications. With Perclose usage patients must have 3 hours of bedrest, with manual pressure closure must have bedrest for 6 hours and purse string suture removed. This is followed by a next day phone call to ensure the patient is taking appropriate medicines and have no medical issues.

**Results:** 38 out of 113 patients were screened as SDD candidates from January 2021-October 2021. Average patient age was 76, 31% female, with average CHA<sub>2</sub>DS<sub>2</sub>-VASC of 5. One patient required overnight hospitalization due to underlying asthma and need for nebulizer. One patient presented to an outpatient ED on a weekend with chest pain and underwent heart catheterization due to elevated troponin and did not require intervention. There were no access site complications. No patients contracted SARS-Cov-2 within 6 weeks post procedurally, compared with 2 of the overnight stays during the same period (75 patients).

**Conclusion:** SDD in a carefully selected patient population is a feasible and safe strategy for LAO patients. These patients had a clinically significant, though underpowered decrease in incidence of COVID-19 diagnosis within 6 weeks post implant.