

Newer transseptal crossing techniques

By:

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85 year old woman with PMH of NICM (LVEF 30-35%) s/p ICD, severe mitral regurgitation, Atrial fibrillation on Eliquis presents with dyspnea on exertion

PMH: NICM (LVEF 30-35%) s/p ICD, severe mitral regurgitation, atrial fibrillation with multiple cardioversions,

Surgical History: Appendectomy, Hysterectomy

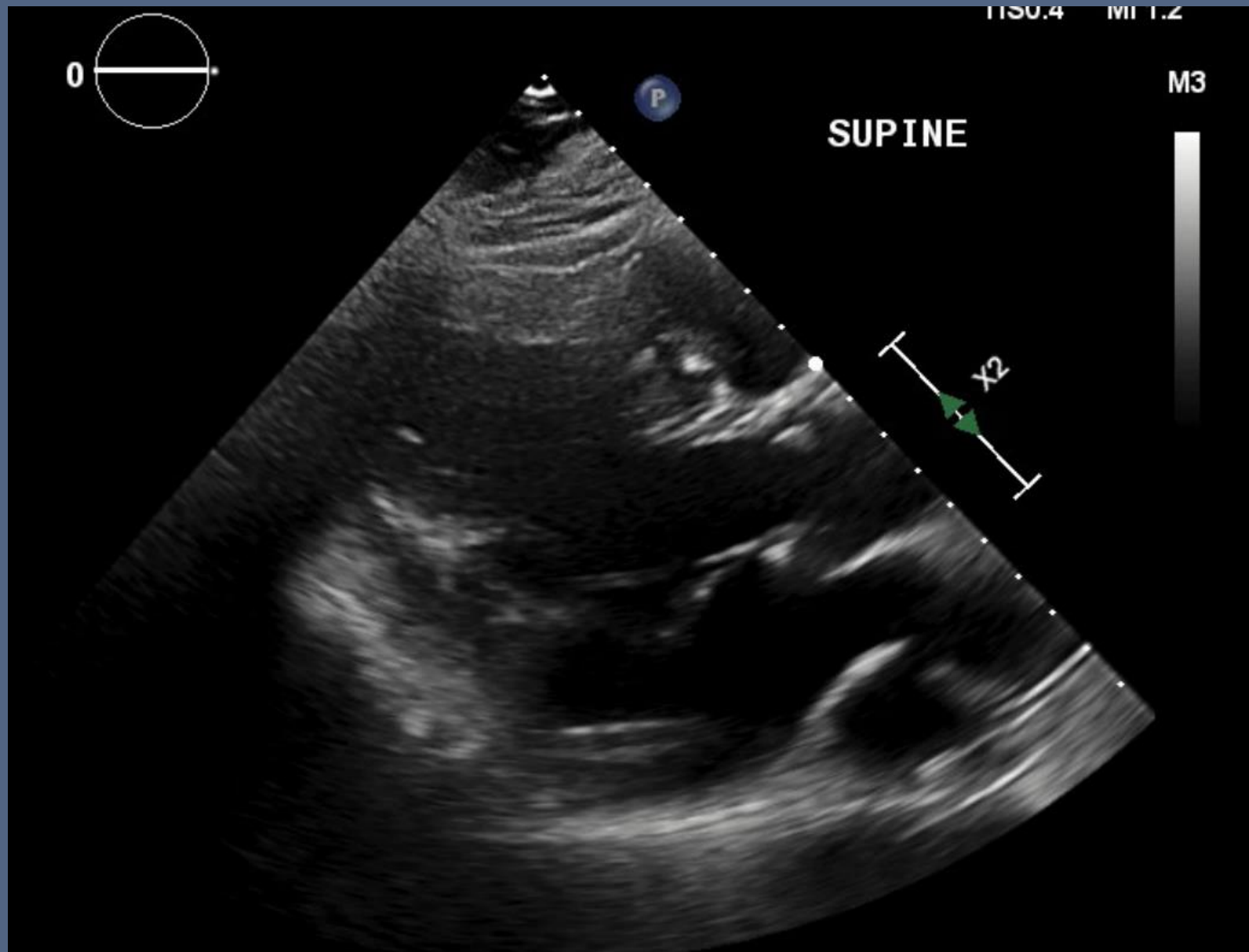
Social History: Married, 2 children,

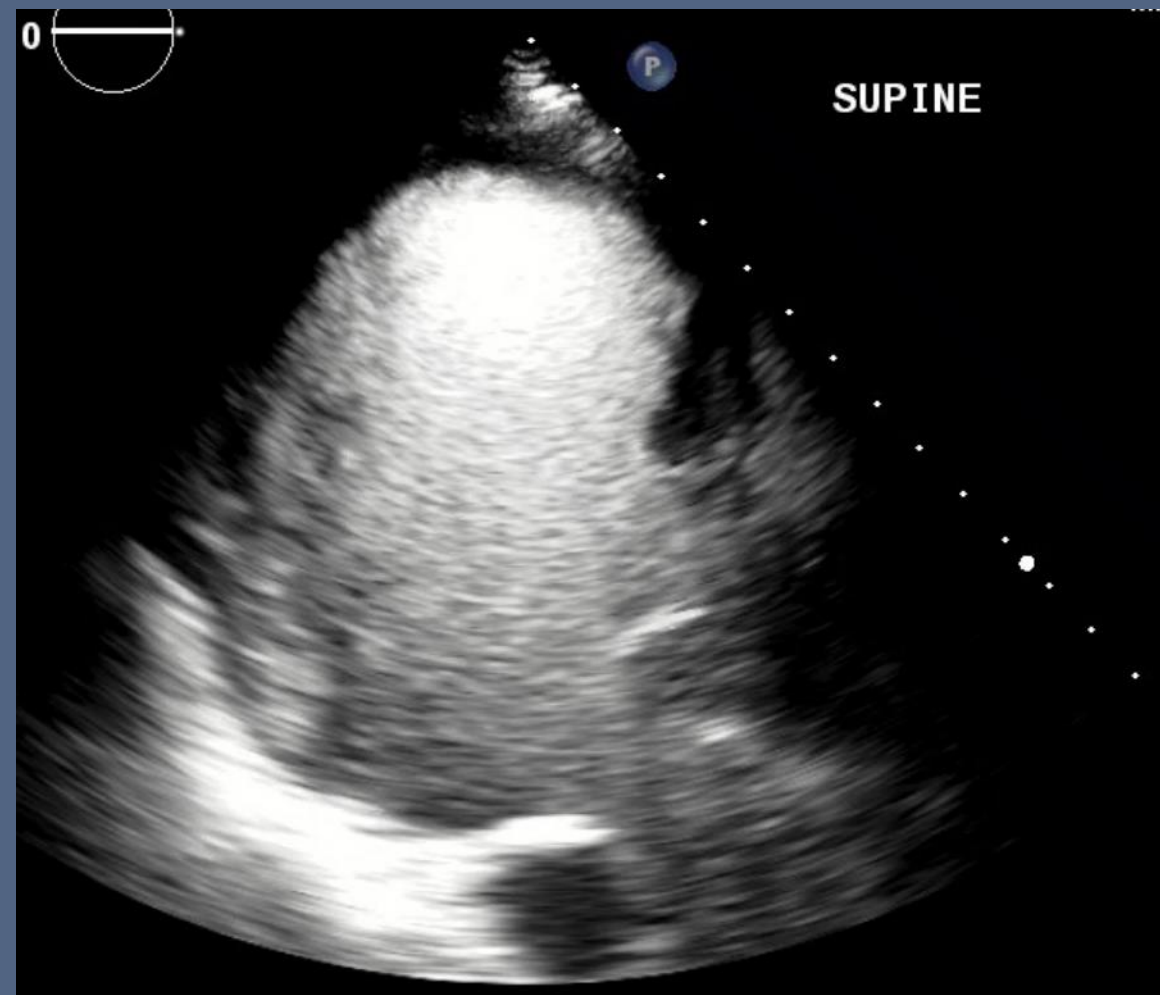
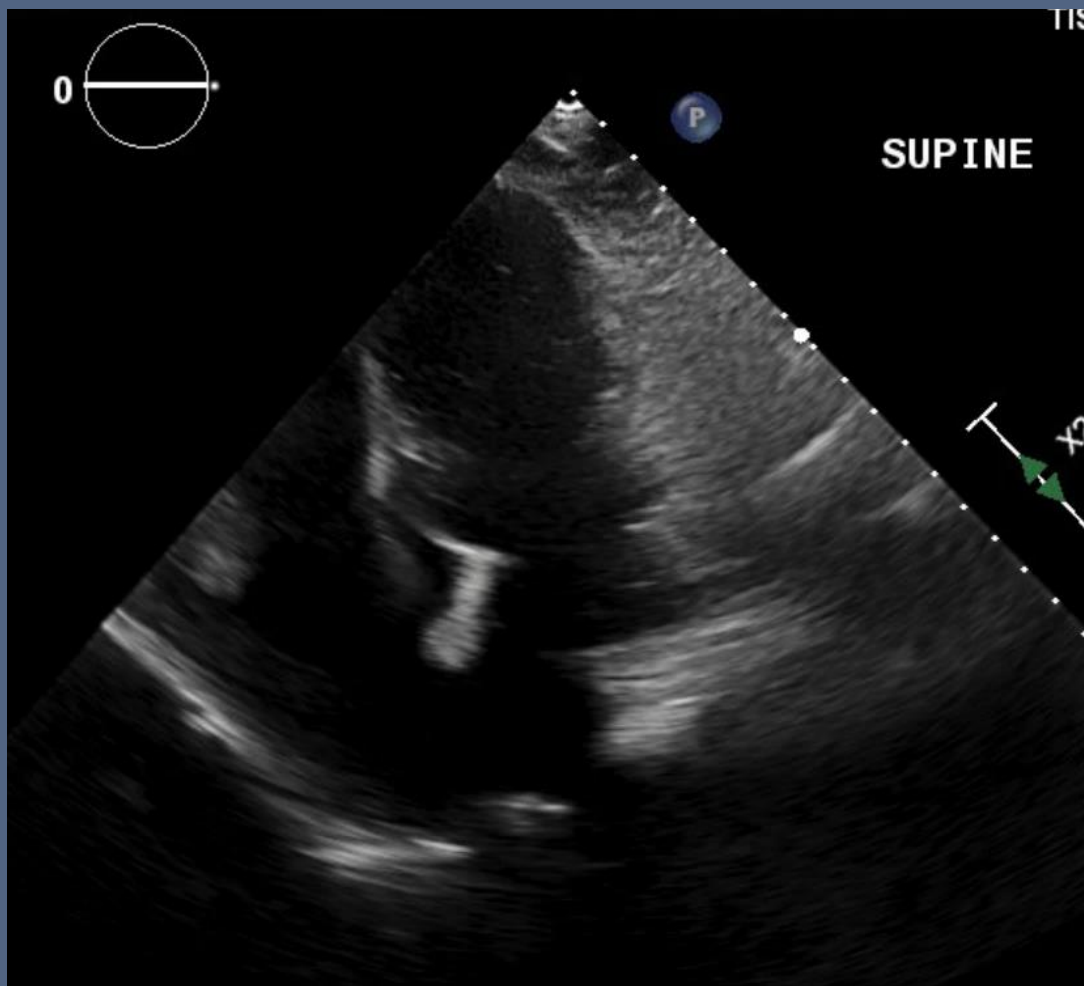


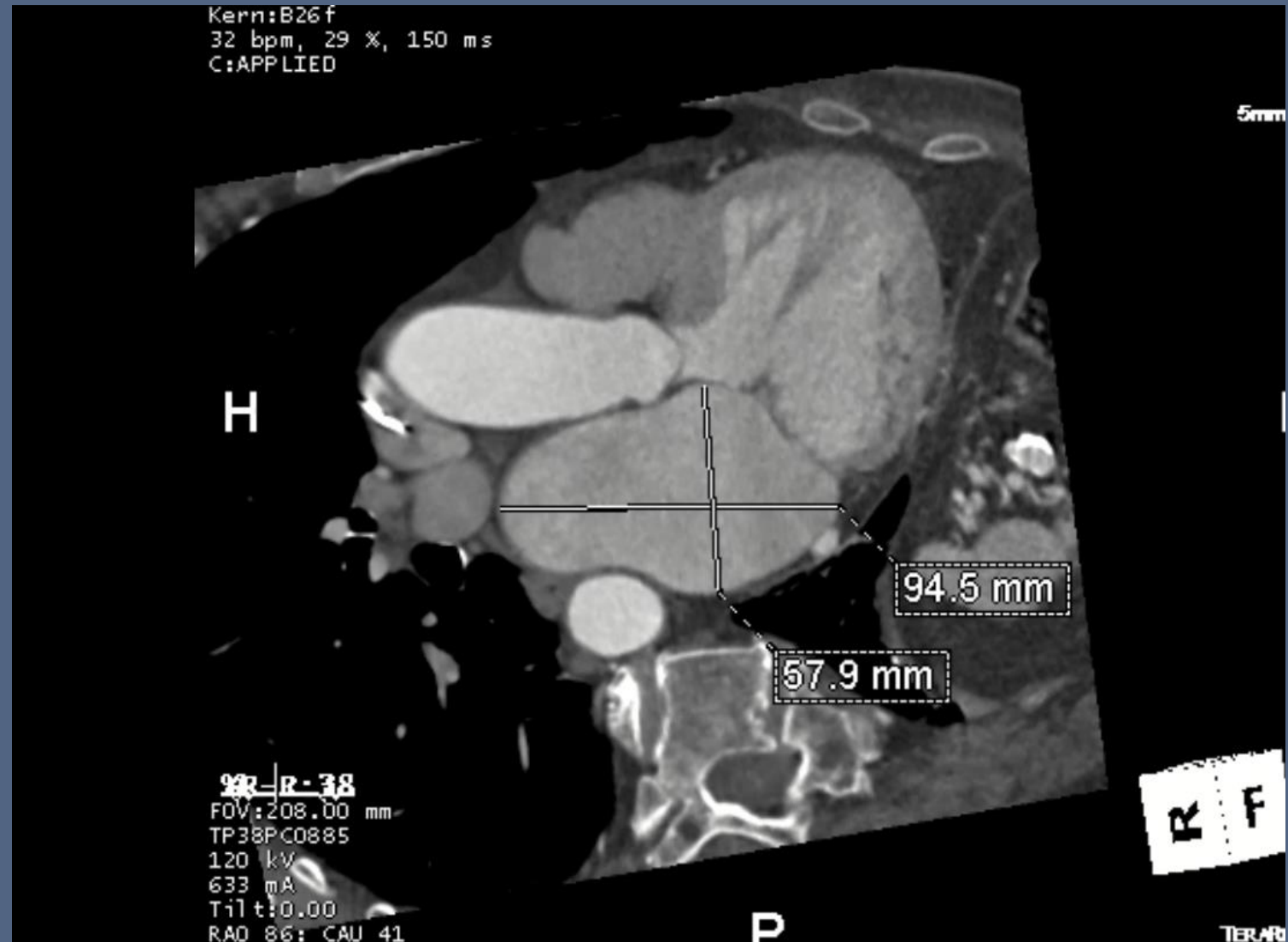
Meds: Entresto, Carvedilol, Xarelto, Lipitor, furosemide, Xarelto

Labs: BMP is normal. CBC shows Hgb of 10.5 and Hct of 33

EKG: Atrial paced



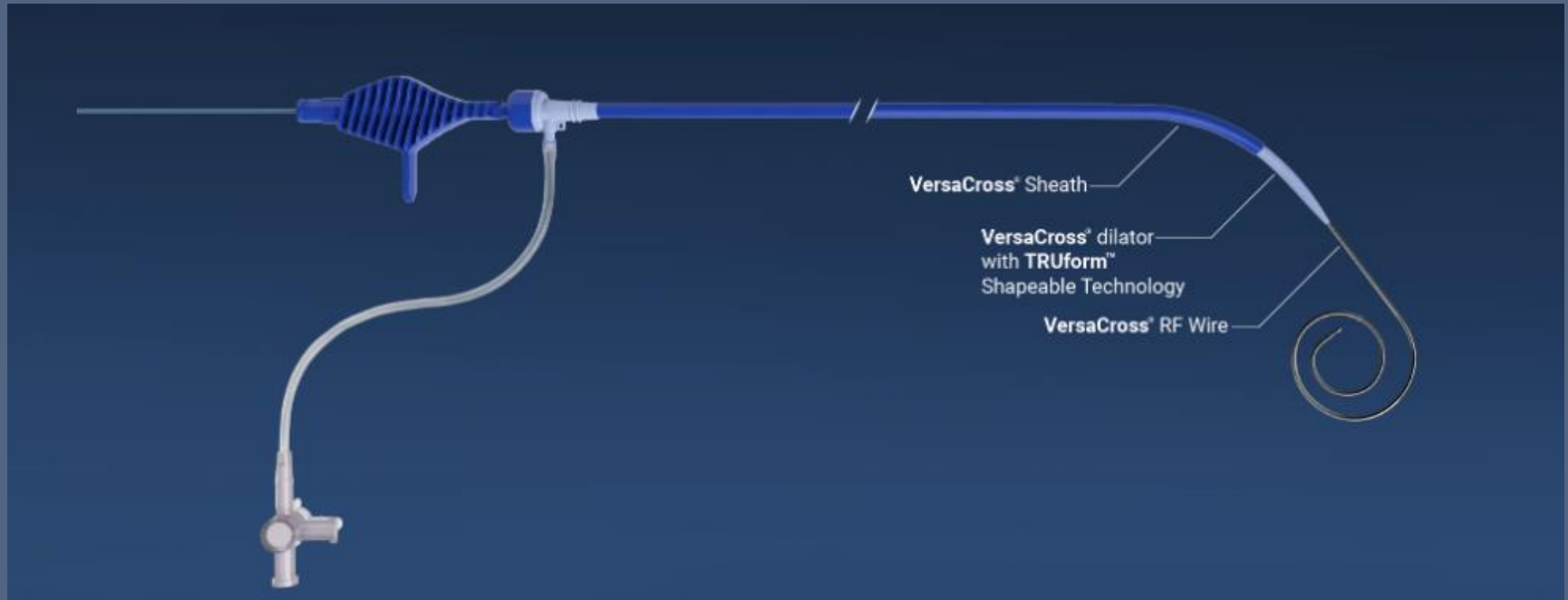




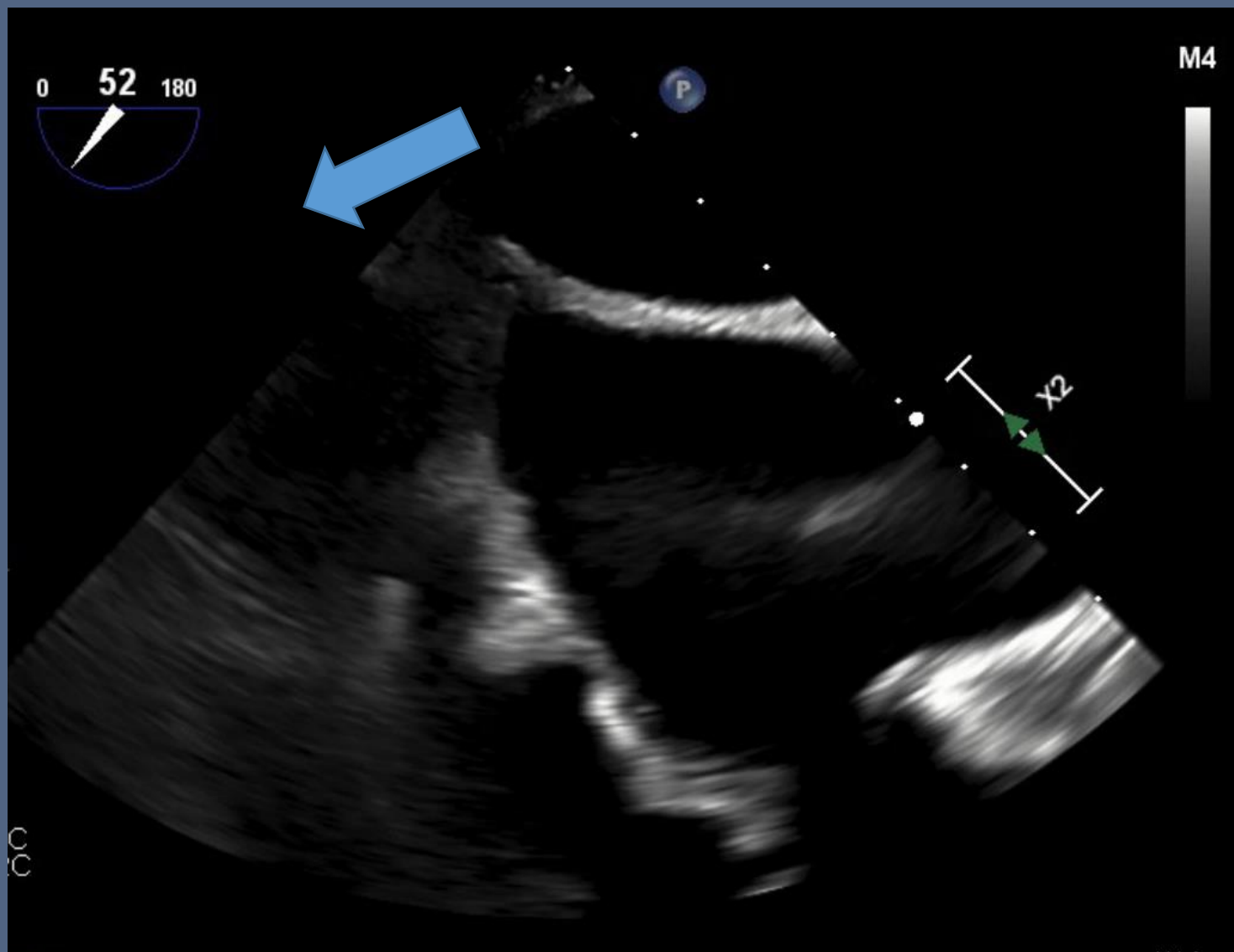
CT scan

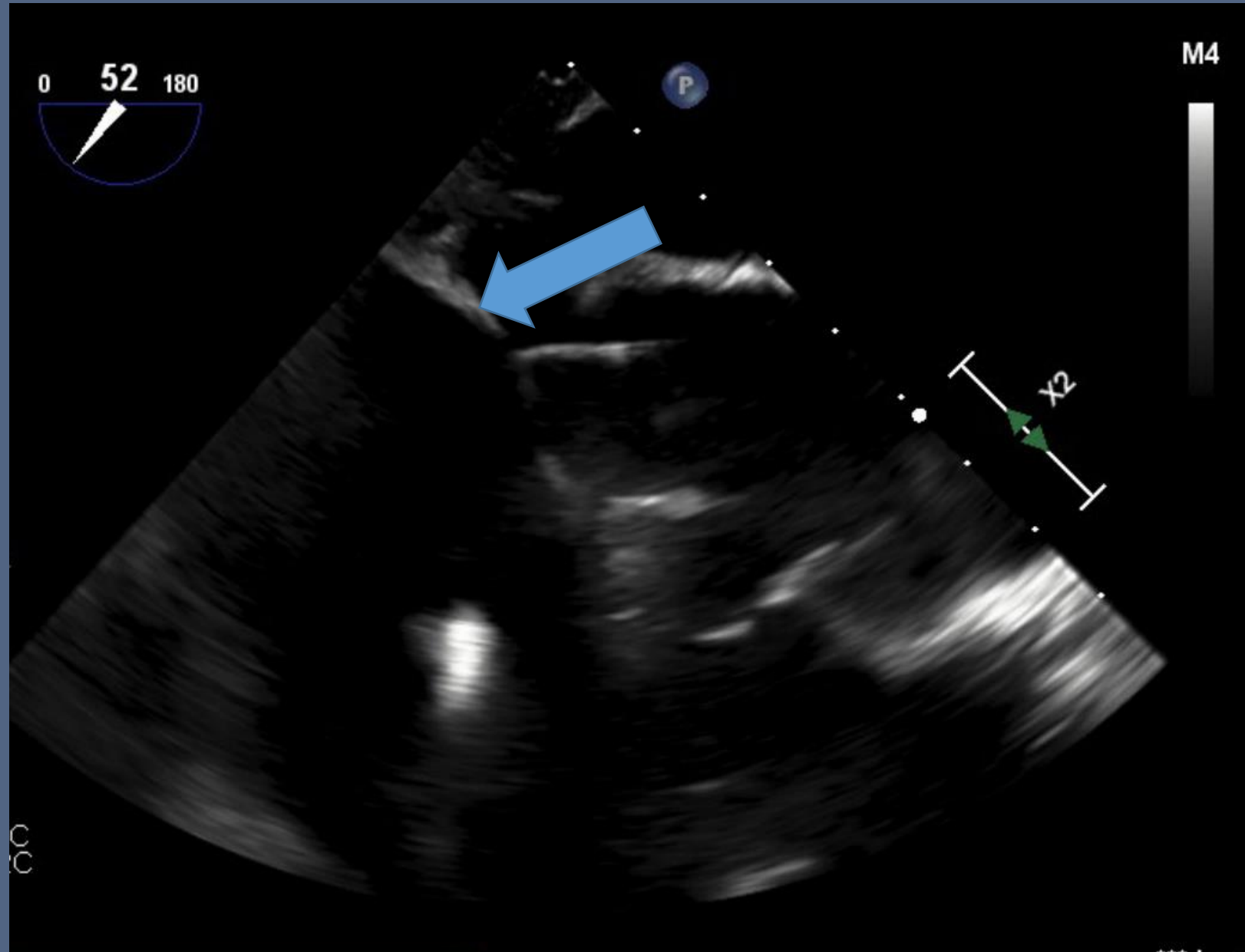


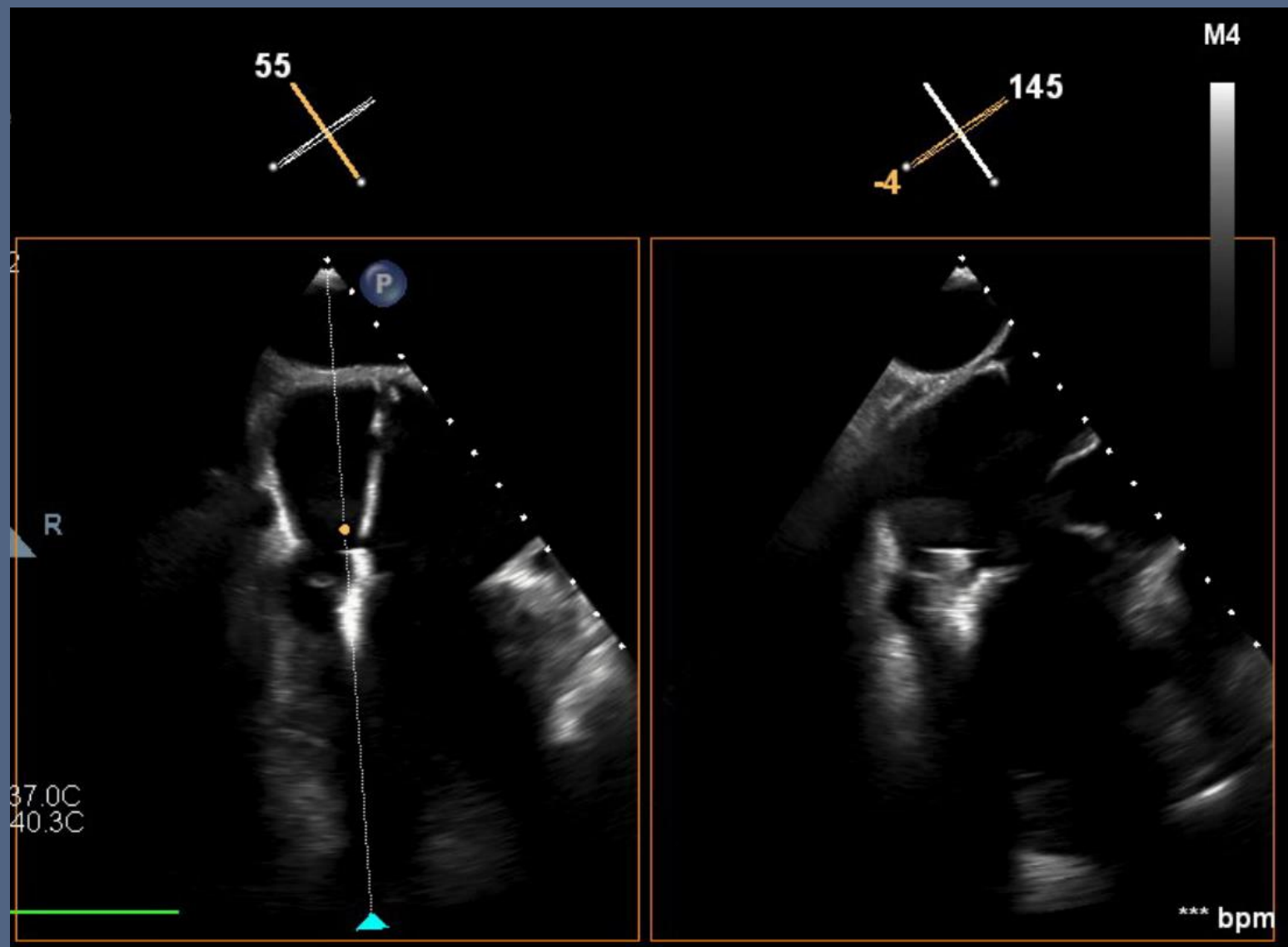
Baylis VersaCross transeptal puncture system



Before the puncture









Rest of the mitral clip deployment went uneventfully and patient was discharged home the next day.

69 year old woman with PMH of CAD s/p CABG with SVG to RCA, ascending aortic dissection repair presented with exertional dyspnea. She was found to have severe mitral regurgitation and severe tricuspid regurgitation

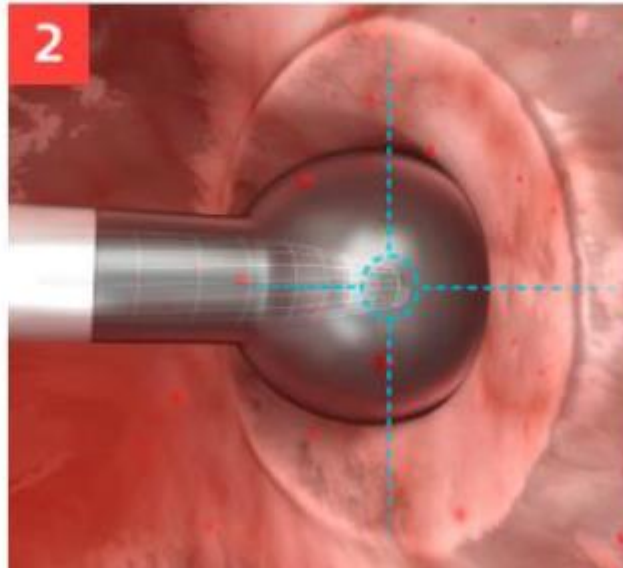
Patient was evaluated by structural heart team and was deemed a candidate for MitraClip

Safe cross TS puncture system

**Bi-Directional Steerable
Introducer Sheath**



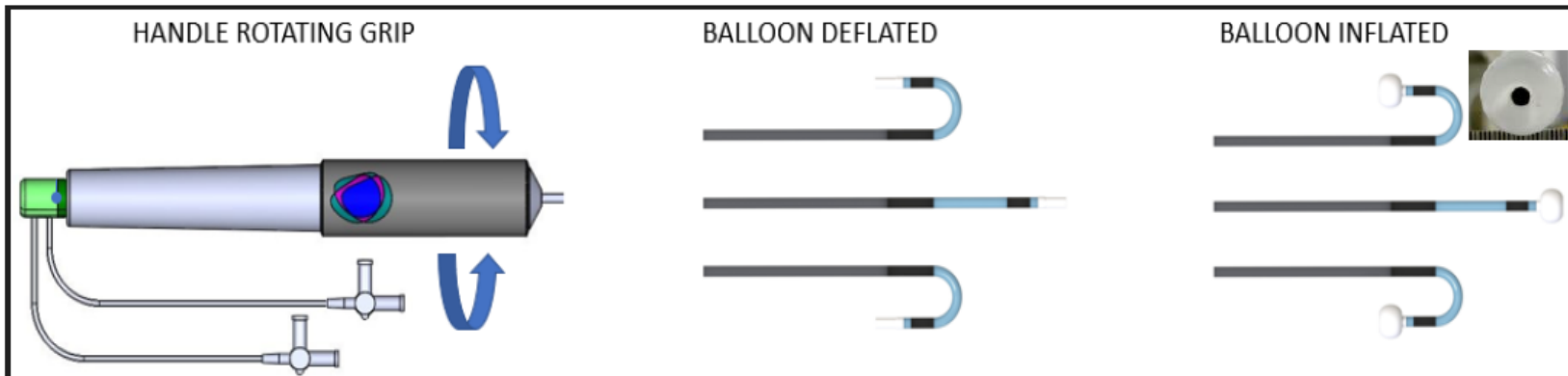
**Ultra-Visible
Positioning Balloon**



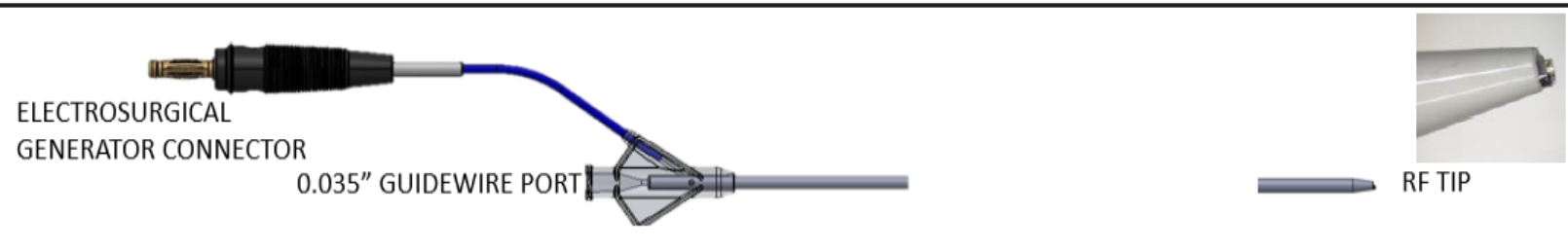
**Radiofrequency (RF)
Puncture Dilator**



1. 8.5F x 100cm(75cm working length) Steerable Introducer Sheath

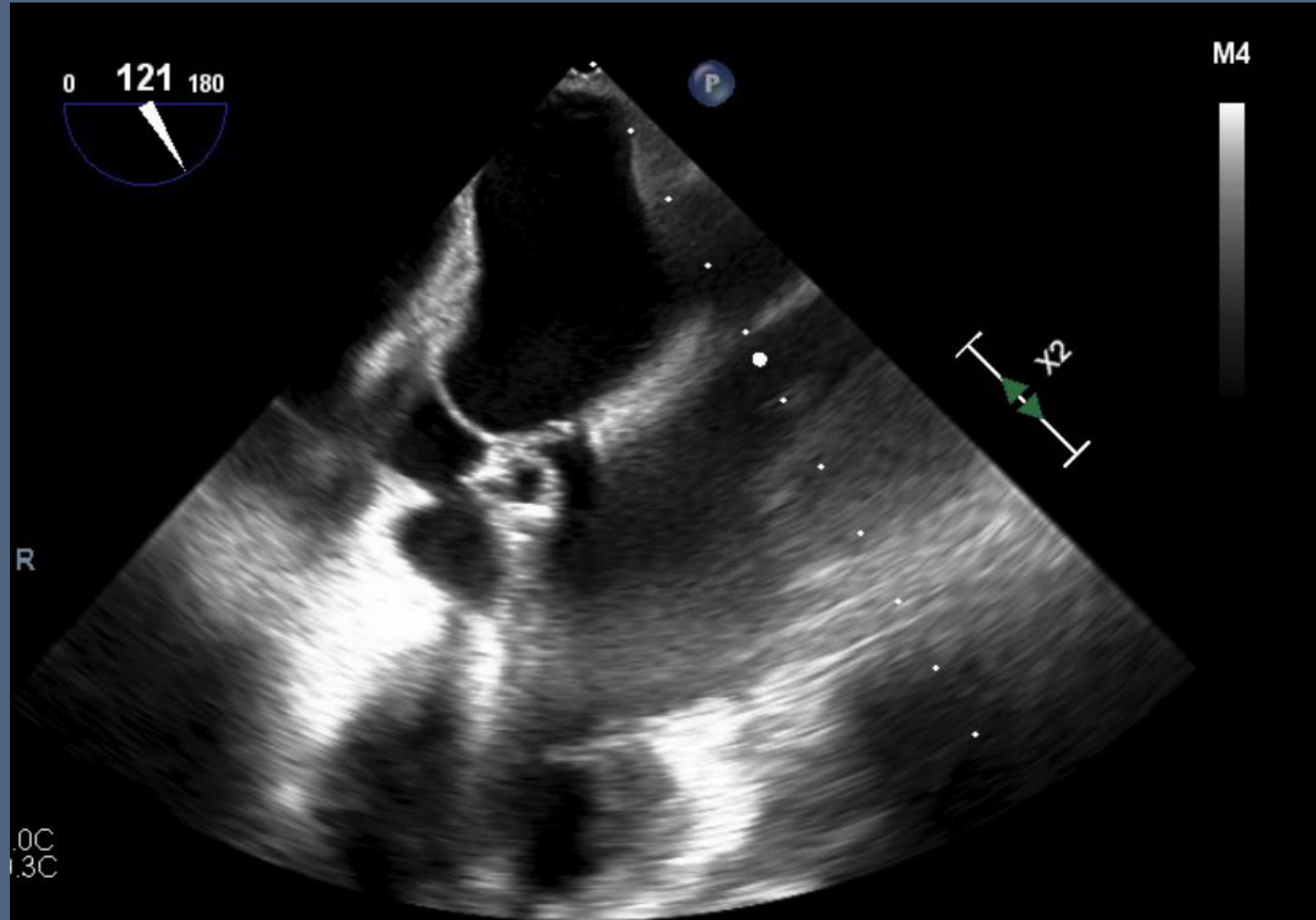


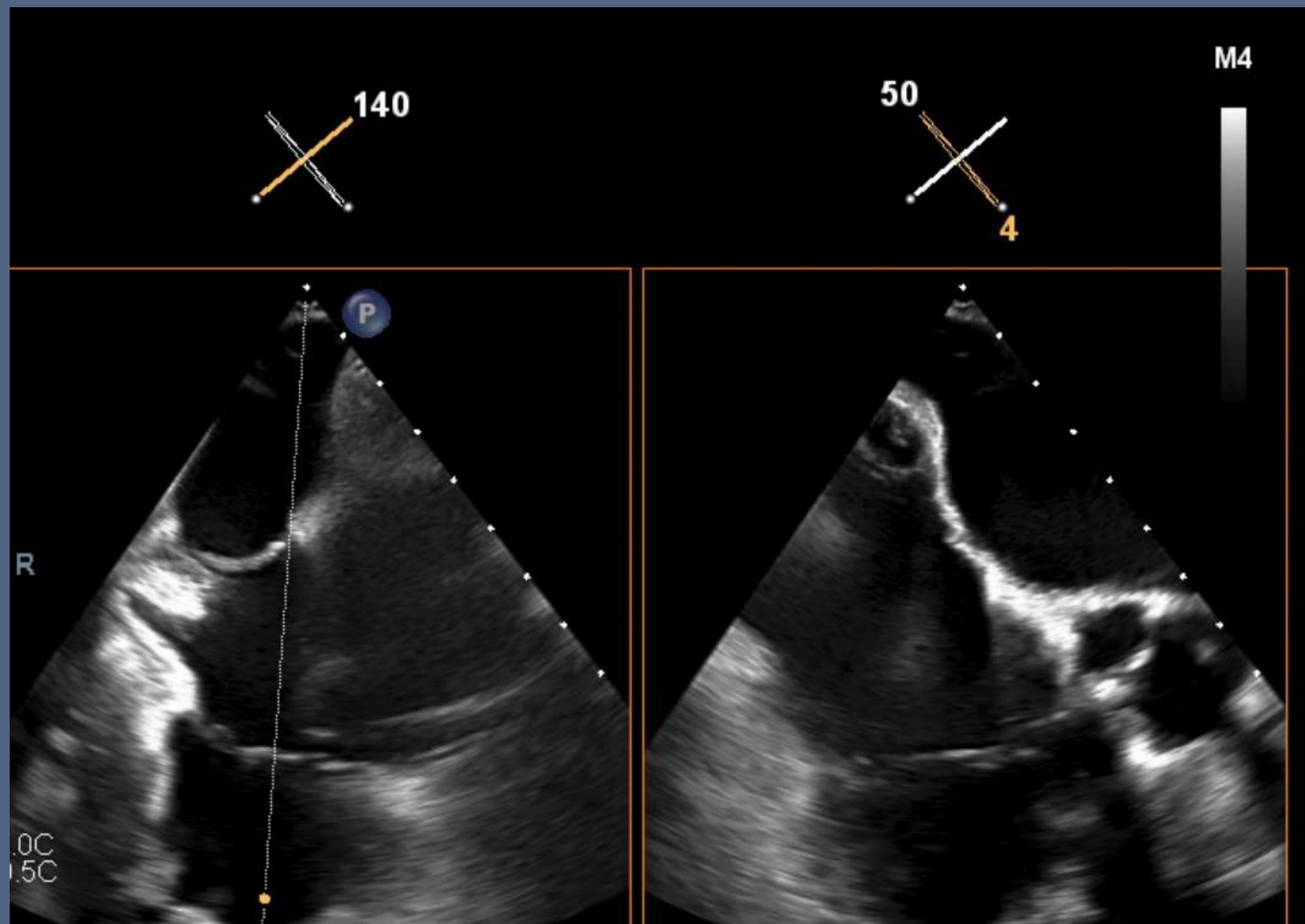
2. RF Puncture Dilator(102cm)

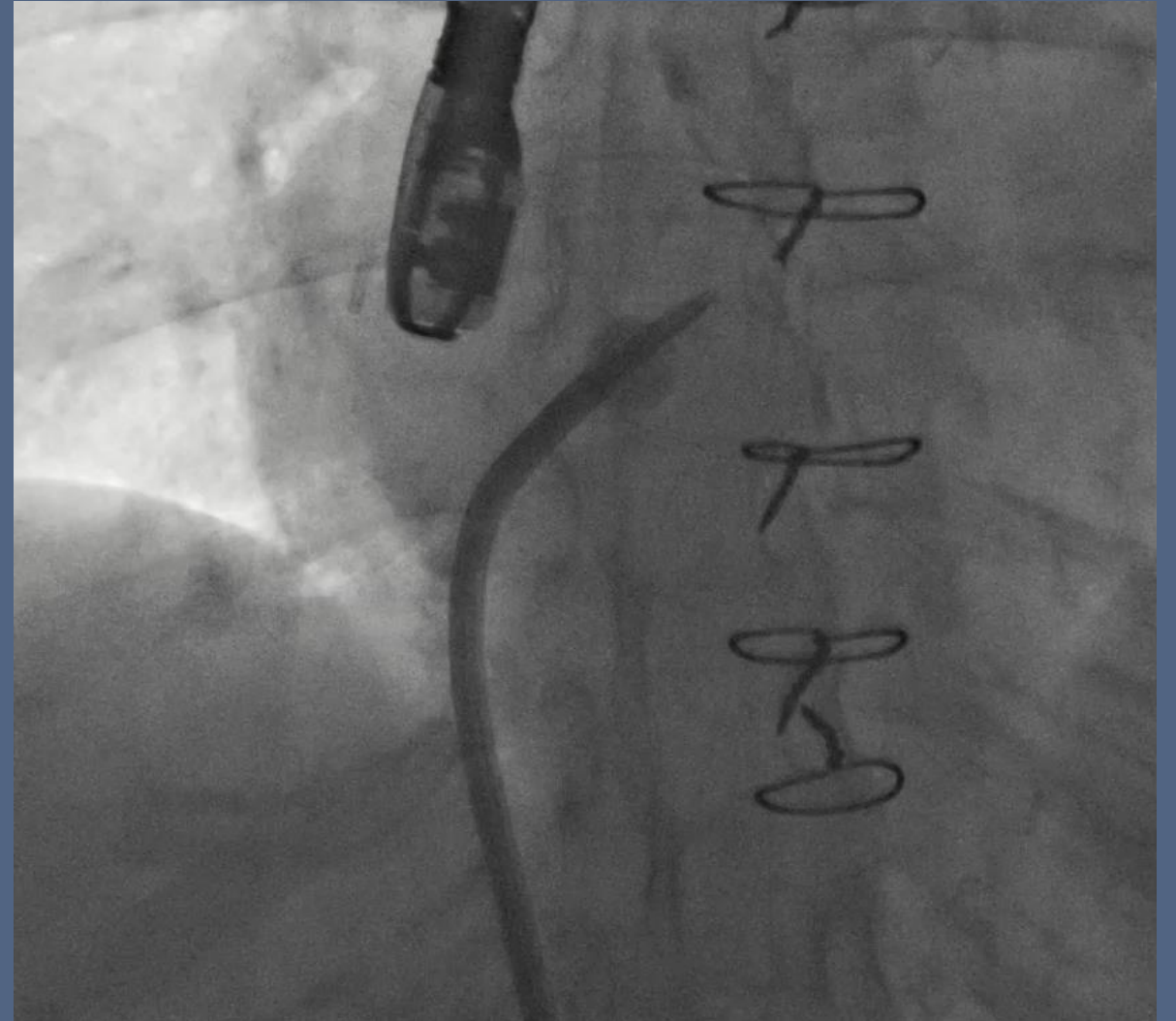
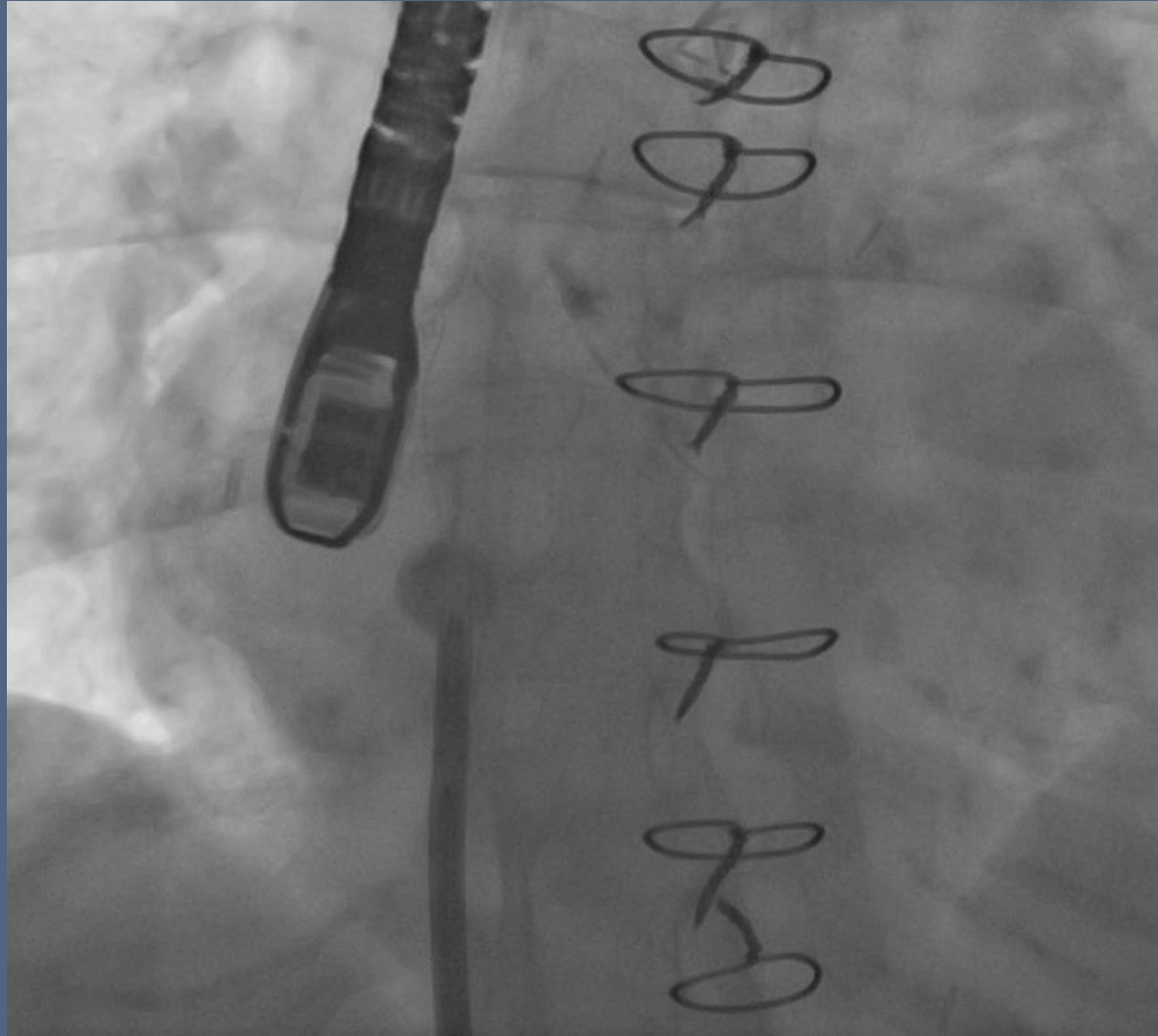


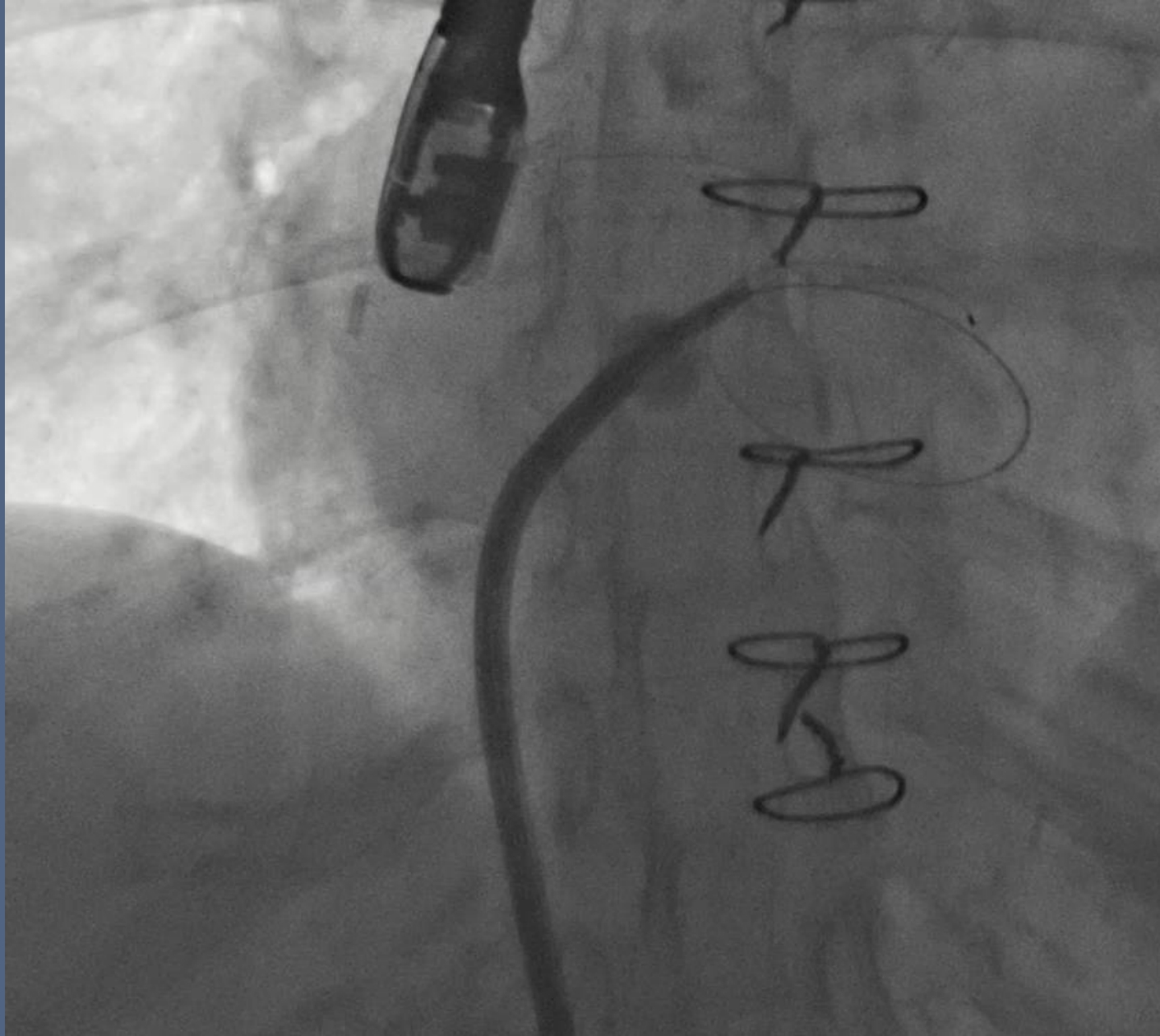
3. Access Dilator











Patient underwent uneventfully MitraClip, and was discharged home