TEXAS CARDIAC ARRHYTHMIA INSTITUTE StDavid's Medical Center

Initial international multicenter human experience of a Novel Epicardial Access Tuohy Needle embedded with a Real Time Pressure/Frequency Monitoring to facilitate Epicardial Access: Feasibility and Safety

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Abstract

Introduction: Epicardial (epi) ablation is often necessary for the treatment of challenging arrhythmias refractory to endocardial ablation. The subviold approach is the most used method for epi access. However, major and minor complications may occur even in experienced centers with reported rates of 4-7%. We evaluated the feasibility and safety of the EpiAccessTM Needle by EpiEP Inc. a novel "tuob" emission auticinent study.

Methods: 25 patients with a clinical need for epi access were enrolled. Epi access was obtained with the EpiAccess Needle whose tip is embedded with a pressure sensor able to report the pressure waveform in real time. Successful epi access was assessed through the device and confirmed by fluoro and contrast injection.

Results: Patients were male (92%) with a mean age of 65.6±13.9. Epi access due to VT ablation occurred in 84% of the patients. Successful epi access was obtained in all cases. Mean access time was 280 sces. 480 sces. Mean pericardial pressure pulsation was 47.2 ± 1.7 mm/B. Pressure monitoring identified pericardial system to 10% of the cases. In 2 cases (8%) the needle sensor suggested tenting of the pericardial space but not access to pericardial space as evidenced by an increased pressure to 11 mm/b. Unintended RV perforation occurred in 1 pts (4%) and was detected by the device (figure). No drainable hemopericardium was reported. No acute or late complications were observed.

Conclusion: Epicardial access with the novel EpiAccess[™] tuohy needle and real time pressure monitoring is feasible and safe. The pressure monitoring identifies successful epi access and minimizes complications. This has relevant Linical implications.

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- However, major and minor complications may occur even in experienced centers with reported rates of 4-7%.
- We evaluated the feasibility and safety of the EpiAccess[™] Needle by EpiEP, Inc., a novel "tuohy" epi access needle in a multicenter study.

Disclosures

Dr. Di Biase is a consultant for Hansen Medical Biosense Webster, St Jude Medical and received speaker honorarium/travel reimbursement from Biotronik, Africure and Epi EP. Dr. Natale received speaker honorariums from Boston Scientific, Biosense Webster, Meditronic and St. Jude. All the remaining authors have no disclosures.

Methods

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Results

- Patients were male (92%) with a mean age of 65.6 13.9.
- Epi access due to VT ablation occurred in 84% of the patients.
- Successful epi access was obtained in all cases. Mean access time was 280 secs 98.9 secs.
- Mean pericardial pressure/pulsation was 4.72 1.7 mmHg.
- Pressure monitoring identified pericardial wire access in 100% of the cases.
- In 2 cases (8%) the needle sensor suggested tenting of the pericardial space but not access to pericardial space as evidenced by an increased pressure to 11 mmhg.
- Unintended RV perforation occurred in 1 pts (4%) and was detected by the device (figure).
- No drainable hemopericardium was reported.
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Conclusions

- Epicardial access with the novel EpiAccess[™] tuohy needle and real time pressure monitoring is feasible and safe.
- The pressure monitoring identifies successful epi access and minimizes complications.
- · This has relevant clinical implications.